

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N99000005999****1. Entity Name**  
**LIFT UP YOUR EYES, INC.****Principal Place of Business**  
9497 VALERIE STREET  
JACKSONVILLE FL 32208**Mailing Address**  
9497 VALERIE STREET  
JACKSONVILLE FL 32208**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

**4. FEI Number**  
**94-1687665****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**ADKISON DERYLE  
8964 OLD PLANK ROAD  
JACKSONVILLE FL 32220 USName  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.****SIGNATURE** **09/04/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | STARK ROGER B          |                                 |
| STREET ADDRESS | 4232 GARIBALDI AVENUE  |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32210  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | RAMIREZ MARISOL        |                                 |
| STREET ADDRESS | 8174 DEVOE STREET      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32220  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | RAMIREZ ABDI           |                                 |
| STREET ADDRESS | 8174 DEVOE STREET      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32220  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CLEMENTS EDWIN O       |                                 |
| STREET ADDRESS | 10340 SHADY CREST LANE |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32220  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | LUCAS SCOTT            |                                 |
| STREET ADDRESS | 4335 DAZET COURT       |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32210  |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | CLOUTIER GILBERT       |                                 |
| STREET ADDRESS | 5110 E. JANICE CIRCLE  |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205  |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | CLEMENTS EDWIN O       |  |
| STREET ADDRESS | 179 LIONS GATE DRIVE   |  |
| CITY-ST-ZIP    | ST. AUGUSTINE FL 32080 |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** GILBERT CLOUTIER **Pres** **09/04/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)

**JOHN J FAISON FOUNDER**  
**1576 POCOMOKE RD**  
**FRANKLINTON NC 27525**