


**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91079 021 \*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 740025</b>					
1. Entity Name <b>LOOK AND LIVE, INC.</b>					
Principal Place of Business 124 WEST ASHLEY ST JACKSONVILLE, FL 32202			Mailing Address 124 WEST ASHLEY ST JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1762209</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent <b>SWAN, WILLIAM R. 2 PRUDENTIAL PLAZA SUITE 1710 JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature is typed or printed name of registered agent and not if applicable. (NOTE: Registered Agent's signature required when electing)					
FILE NOW FREE 15 581-25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITTAKER, E. H.		NAME		
STREET ADDRESS	1300 S. FIRST STREET		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE BEACH, FL 32260		CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOU, A.C.		NAME		
STREET ADDRESS	3739 RIVER HALL DR		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 32217		CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWAIN, W.R.		NAME		
STREET ADDRESS	3713 TIMUCUA TRAIL		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 322772261		CITY-STATE-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLOUNT, JOHN O.		NAME		
STREET ADDRESS	6264 RIVIERA LANE		STREET ADDRESS		
CITY-STATE-ZIP	JACKSONVILLE, FL 322162632		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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 employees.					
SIGNATURE: <i>John O. Blount</i>		John O. Blount		3/12/03 (904) 366-1221	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

90053630



DPRE037 (1/01/02)