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

May 09, 2005 8:00 am **Secretary of State** DOCUMENT# 743240 05-09-2005 90286 024 ****61.25 1. Entity Name L.A,C,E, INC, DO NOT WRITE IN THIS SPACE 14017377 2. Principal Place of Business 3. Mailing Address 2584 46 TERR. N. Suite, Apt. #, etc. 2584-46 TERR. N. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State St. Petersburg, Fl <u>eteksburg Fu</u> NA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pinellas Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2584-46 Zip Code ろろフノイ 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. President TITLE TITLE NAME NAME Vicki Griffis STREET ADDRESS STREET ADDRESS Bertow, Fu 1015-E Hemusa ave. CITY-ST-ZIP CITY-ST-ZIP <u>338,3</u>6 vice President NAME NAME Mellssa Folks 6416-109+ TERRH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINCHES DET., FL 3 TITLE Sec. TITLE HOLLY Thornhill 33 STREET ADDRESS STREET ADDRESS 335£.> DO NOT WRITE CITY-ST-71P CITY-ST-7IP TITLE Treasure TITLE IN THIS SPACE NAME NAME JOANNE DUNCH 4403-80th St. N. St. Pete. 71. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ee Preserverve TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP assistant Treaside TITLE TITLE Betty Perry

2584 -46 TERR N. St. Pete. 71, 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowere

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

33714

<u>5-5-05</u>

FILED

727-527-9686