2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01331

Entity Name: PACE CENTER FOR GIRLS, INC.

Apr 17, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

112 W. ADAMS ST, SUITE 500 ONE WEST ADAMS STREET JACKSONVILLE, FL 32202

SUITE 301

JACKSONVILLE, FL 32202

Current Mailing Address: New Mailing Address:

ONE WEST ADAMS STREET 112 W. ADAMS ST, SUITE 500

SUITE 301 JACKSONVILLE, FL 32202 US

JACKSONVILLE, FL 32202 US

FEI Number: 59-2414492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOTOLAW, INC 50 NORTH LAURA STREET **SUITE 2500** JACKSONVILLE, FL 32202 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TRT () Delete (X) Change () Addition

CUNNINGHAM, KAY Name: RAVOIRA, LAWANDA Name:

16204 N FLORIDA AVE Address: ONE WEST ADAMS STREET, SUITE 301 Address:

City-St-Zip: LUTZ, FL 33549 US City-St-Zip: JACKSONVILLE, FL 32202

Title: TRC Title: (X) Change () Addition () Delete

CARLAN, CAROL Name: GALLAGHER, DONNA Name: Address: 220 W GARDEN ST Address:

ONE WEST ADAMS STREET. SUITE 301 City-St-Zip: JACKSONVILLE, FL 32202

PENSACOLA, FL 32501 City-St-Zip:

Title: TRT () Delete Title: **TRVP** (X) Change () Addition

CUNNINGHAM, KAY HOLMES, KENNON Name: Name: 16204 N FLORIDA AVE 2900 HARTLEY ROAD Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: JACKSONVILLE, FL 32257

Title: DΡ () Delete Title: TRC (X) Change () Addition

Name: RAVOIRA, LAWANDA Name: CARLAN, CAROL Address: 112 W. ADAMS ST, SUITE 500 Address: 3420 OAKMONT DRIVE City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: PENSACOLA, FL 32503 US

Title: () Delete Title: () Change () Addition

BARTON, PAT Name: Name: 605 PALM CIRCLE EAST Address: Address: City-St-Zip: NAPLES, FL 33308 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

BOBES STEVEN BOBES, STEVEN Name: Name:

Address: 1625 SW 83RD AVE METRO DADE CNTY CON Address: 1625 SW 83RD AVE METRO DADE CNTY CON

MIAMI, FL 33155 MIAMI, FL 33155 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA GALLAGHER COO 04/17/2003 TREASUER - KAY CUNNINGHAM 16204 N FLORIDA AVENUE LUTZ, FL 33549