

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000101403

FILED
Apr 30, 2003
Secretary of State

Entity Name: PAY CENTERS OF AMERICA, INC.

Current Principal Place of Business:

5000 SAWGRASS VILLAGE DR
SUITE 6
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

5000 SAWGRASS VILLAGE DR
SUITE 6
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3751555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

JAMES A. NOLAN, P.A.
4114 HERSCHEL STREET
SUITE 105
JACKSONVILLE, FL 32210 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: JAMES A. NOLAN

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: MARSHALL, DOUGLAS
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 6
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPTS (X) Change () Addition
Name: MARSHALL, DOUGLAS
Address: 5000 SAWGRASS VILLAGE CIRCLE SUITE 6
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P () Change (X) Addition
Name: TULLY, ANDREA
Address: 5000 SAWGRASS VILLAGE CIRCLE, SUITE 6
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS MARSHALL

VP

04/30/2003

Electronic Signature of Signing Officer or Director

Date