


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 538669			
1. Entity Name HGX, INC.			
Principal Place of Business 2205 14TH AVE 200 VERO BEACH, FL 32960 US		Mailing Address P.O. BOX 6190 VERO BEACH, FL 32966 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6190 Suite, Apt. #, etc.	
City & State Vero Beach, FL		4. FEI Number 59-1784056	
Zip 32961-6190		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GRAVES, HUBERT JR. 2205 14TH AVE STE. 200 VERO BEACH, FL 32960		7. Name and Address of New Registered Agent Name 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <small>(NOTE: Registered Agent's signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$8.75 Additional Fee Required		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME GRAVES, HUBERT JR. STREET ADDRESS 4576 ROSEDALE BLVD. CITY-ST-ZIP VERO BEACH FL,	TITLE D <input type="checkbox"/> Delete NAME GRAVES, JEANE S. STREET ADDRESS 4576 ROSEDALE BLVD. CITY-ST-ZIP VERO BEACH FL,	TITLE D <input type="checkbox"/> Delete NAME HOOVER, JANE GRAVES STREET ADDRESS 4400 ROSEWOOD BLVD CITY-ST-ZIP VERO BEACH FL,	TITLE Hoover, June Graves <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1410 46th Avenue STREET ADDRESS Vero Beach, FL 32966 CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete NAME BARLETT, JEANE GRAVES STREET ADDRESS 4576 ROSEDALE BLVD. CITY-ST-ZIP VERO BEACH, FL	TITLE D <input type="checkbox"/> Delete NAME GRAVES, JULIA, A STREET ADDRESS 4576 ROSEDALE BLVD CITY-ST-ZIP VERO BEACH, FL	TITLE Bartlett, Jeane Graves <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 1646 51st Court STREET ADDRESS Vero Beach, FL 32966 CITY-ST-ZIP	TITLE Graves, A. Julia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3805 7th Lane STREET ADDRESS Vero Beach, FL 32968 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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)(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 607, 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: <i>A. Julia Graves</i> A. Julia Graves		Date: 4/25/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 772-567-1900	

CR2E034 (10/02)