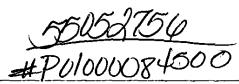
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBP)

## FILED Jun 19, 2003 8:00 am Secretary of State

ONITORIN BOSINESS REPORT (OBIN)				Secretary of State	
	MENT # PO2000 ay Hawk firm	009593 arcial		06-19-2003 90045 033 ***150.00	
DO NOT WRITE IN THIS SPACE					
2. Principal Pla	ace of Business	3. Mailing Address	Stad Dr.		
Suite, Apt.		Suite, Apt. #, etc.	JAW OIL.	DO NOT WRITE IN THIS SPACE	
City & State	WX44, FL33467	CHI LE WO	(4n)	4. FEI Number Appliec For No: Applicable	n
Zip	(07   Country SP	233467	Countri	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
<u> </u>		<u> </u>		7. Name and Address of Current Registered Agent	ゴ
DO NOT WRITE  IN THIS SPACE  Name Construction Street Address (F				(PO. Box Number is Not Acceptable)	-
			City (	Ce Lincolato FL 38867	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent an	d the flagbleable. (NOTE: R	egistered Agent signature requi	reg when renstating) DATE	
Jar	nuary 1 - May 1 Fee is \$150.00				1
**	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Fiorida Department of \$			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND C	RECTORS	ND 5		ج إ
TITLE NAME	Lowrence B. +	d DRIVE	TITLE NAME	•	(12/0
STREET ADDRESS City-St-Zip	Gake Worth 1	1 DRIVE -L 33467	STREET ADDRESS CITY-ST-ZIP		) apro
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZP			CITY-ST-ZIP		4
SIAME			TITLE NAME	$\frac{1}{2}$	
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nac			TITLE	IN THIS SPACE	$\dashv$
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STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZP			City-ST-ZiP	·	
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-7:P			CITY-ST-ZIP		
of the co	certify that the information supplied with the of this report or supplemental report is orporation or the receiver or trustee empt ent with an address, with all other like em	owered to execute this report	he exemption stated in y signature shall have the as required by Chapte	Section 119.07(3)(i), Florida Statutes, I further certify that the information be same legal effect as if made under oath; that I am an officer or director r 607. Florida Statutes; and that my name appears in Block 10 or on an	

attachment



GrayHawk Financiał Services Corp. 9202 Olmstead Drive Lake Worth, FI 33467 561-968-3238 Phone 561-968-3687 Fax

## GrayHawk-Financial-Services-Corp.

May 23, 2003

Florida Department of State Division of Corporations P.O Box 6327 Tallahassee, FL 32314

RE: GrayHawk Financial Services Corp. ElN Number 60-0001587

To Whom It May Concern:

Per a conversation with one of your representatives, we are notifying you that we did not receive our 2003 Uniform Business Reports to file prior to the May 1<sup>st</sup> deadline. We are also requesting that any additional fees be waived.

We were also instructed to obtain the forms online and to complete them and attach with this letter.

Please contact either Stacy Roherty or myself at 561-968-3238 if you should have any questions.

Respectfully,

Tina M. Hawkins

Cc. File