


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

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

06-19-2003 90045 033 ***150.00

DOCUMENT # PO2000004543	
1. Entity Name Grayhawk Financial Services Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9202 Olmstead Dr.	3. Mailing Address 9202 Olmstead Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lake Worth, FL 33467	City & State Lake Worth	4. FEI Number 60-0001587	Applied For <input type="checkbox"/> Not Applicable
Zip 33467	Country USA	Zip 33467	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Lawrence B. Hawkins	
Street Address (P.O. Box Number is Not Acceptable) 9202 Olmstead Drive	
City Lake Worth	FL Zip Code 33467

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lawrence B. Hawkins 9202 Olmstead Drive Lake Worth, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/23/03** Daytime Phone # **561-968-3238**

CR2E034B (12/02)

Attachment

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55052756
#P01000084500

GrayHawk Financial Services Corp.
9202 Olmstead Drive
Lake Worth, FL 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. EIN 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 1st 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

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Where Building Relationships is Key