


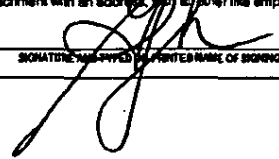


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000078908</b>			
1. Entity Name <b>HUNTER GREGORY FINANCIAL, INC.</b>			
Principal Place of Business <del>301 W. MARION AVE. STE 207</del> PUNTA GORDA, FL 33950		Mailing Address <del>301 W. MARION AVE. STE 207</del> PUNTA GORDA, FL 33950	
2. Principal Place of Business <b>210 Taylor Street</b> Suite, Apt. #, etc. <b>Suite 122</b> City & State <b>Punta Gorda FL</b> Zip <b>33950</b>		3. Mailing Address <b>P.O. Box 510367</b> Suite, Apt. #, etc. City & State <b>PUNTA GORDA, FL</b> Zip <b>33951-0367</b> Country <b>USA</b>	
4. FET Number <b>04-3706095</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KAYWELL, JAMES W</b> <del>301 W. MARION AVE. STE 207</del> PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is OK) <b>2705 Tamiami Trail, Suite 211</b> City <b>FL</b> 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 the registered agent. SIGNATURE:  DATE: <b>4/30/03</b>			
9. 		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Gregory J. Karazulas</b> <b>2111 Ryan Blvd</b> <b>Punta Gorda FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. / Secretary</b> <b>Jacqueline A. Karazulas</b> <b>2111 Ryan Blvd</b> <b>Punta Gorda FL 33950</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(X), 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, and is otherwise empowered.			
SIGNATURE: 		DATE: <b>4/30/03</b>	

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CHECK HERE IF MAKING CHANGES

CFR2004 (10/02)