
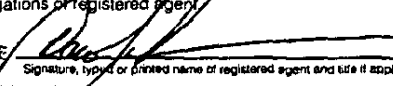


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-16-2003 90285 027 ***150.00

DOCUMENT # P99000086354			
1. Entity Name ETACTICS, INC.			
Principal Place of Business 8731 MARIGOLD DR SUITE 100 NEW PORT RICHEY FL 34654		Mailing Address 8731 MARIGOLD DR SUITE 100 NEW PORT RICHEY FL 34654	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3600000	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GUNTER, MATTHEW E 8731 MARIGOLD DR NEW PORT RICHEY FL 34654		Name: GUNTER DESIGN INC. Street Address (P.O. Box Number is Not Acceptable): 8731 MARIGOLD DR. City: NEW PORT RICHEY FL 34654	
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: 		DATE: APRIL 13, 2003	
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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GUNTER, MATTHEW E STREET ADDRESS: 8731 MARIGOLD DR CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	TITLE: P NAME: GUNTER, DAWN STREET ADDRESS: 8731 MARIGOLD DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: GUNTER, DAWN STREET ADDRESS: 8731 MARIGOLD DR CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input type="checkbox"/> Delete	TITLE: V NAME: GUNTER, DAWN STREET ADDRESS: 8731 MARIGOLD DR. CITY-ST-ZIP: NEW PORT RICHEY FL 34654	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	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 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:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAWN J. GUNTER, PRESIDENT

MAY 3, 2003 (727) 541-4345

Date

Daytime Phone #

CR2E034 (10/02)