FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1990000965141 WANK GOIF.

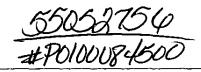
FILED Jun 19, 2003 8:00 am Secretary of State 06-19-2003 90047 011 ***150.00

Gray Hawk Will Fire		•
DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business 3. Mailing Adgress		}
4202 olms red De 4202 Oli	nstead DR.	DO NOT HERE IN 77 HE OPAGE
Suite, Apt. #, etc. Suite, Apt. #, etc.		. DO NOT WRITE IN THIS SPACE
City & State Lake Lake Lake Lake Lake	th, FL	4. FEI Number 3600-129 Applied For No: Applicable
33467 OSA 2033467	COUNTRY	5. Certificate of Status Desired S8.75 Additional Fee Required
	Name, c	7. Name and Address of Current Registered Agent
DO NOT WRITE		DECCE B. HAWKINS (P.O. Box Number is Not Acceptable)
IN THIS SPACE	(420)	2 Classes Dally
,	City (/) I	10 1 10 Les Et Zin Cone
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, Familiar with, and accept		
the obligations of registered agent.		
SIGNATURE	Registered Agent signature require	ed when (enstaing) DATE
January 1 - May 1 Fee is \$150.00	The second second	
After May 1, Fee is \$550.00 Amended UBR is \$61.25	•	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS	1	
NAME LASTY K. MOWKINS	TITLE	(002)
START ADDRESS 1021 NW 60th ST.	NAME Street Address	CR2E034B (12/02)
CTY-ST-20 CHAINESUILLE, FL 32605	CITY-ST-ZIP	9346
TILE VP	HTLE	RZE
STREET ADDRESS 9202 OLM Stead DRUG	NAME STREET ADDRESS	{□
017.51.ZP Care WO(+4), FL 33-167	CITY-ST-ZIP	
TILE	TITLE	
NAME STREET AUDRESS	NAME Street address	
CHY-SI-AP	CITY-ST-ZIP	DO NOT WRITE
ang	TITLE	IN THIS SPACE
NAME STREET ADDRESS	NAME STREET ADDRESS	22 THE INIO OLAGE
City-St-AP	CITY-ST-ZIP	
UTLE	NTLE	
NAME STREET ANORESS	NAME STREET ADDRESS	
STREET AUDIESS CITY-ST-EP	CITY-ST-ZIP	
WILE	пце	
'VAME	NAME	
STREET ADDRESS GITY-ST-AR	STREET ADDRESS CITY-ST-ZIP	i ·
12. Thereby certify that the information supplied with this filling does not qualify for	_1	Section 119,07(3)(i), Florida Stajutes, I further certify that the information
indicated on this report or supplemental report is true and accurate and that in of the corporation or the receiver or trustee empowered to execute this report	ly signature shall have the	e same legal effect as if made under oath; that I am an officer or director

attachment with an address, with all other like empowered.

SIGNATURE:

attachment



GrayHawk Golf, Inc. 9202 Olmstead Drive Lake Worth, FI 33467 561-968-3238 Phone 561-968-3687 Fax

GrayHawk Golf, Inc.

May 23, 2003

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

RE: GrayHawk Golf, Inc. EIN Number 59-3606429

To Whom It May Concern:

Rer 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