

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

08/26/2002 90066 U24 *** 130.00
399373

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

124325

DOCUMENT # 399373 Year 2002
1. Entity Name
Great Real Estate, Inc (P)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2655 North Ocean Dr. Box 3
Suite, Apt. #, etc.

3. Mailing Address
14765 Haymarket Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Singer Island, Florida

City & State
Wellington, Florida

4. FEI Number
59-1396042

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33404 Country
USA Zip
33414 Country
USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
IRVING GREAR

Street Address (P.O. Box Number is Not Acceptable)
14765 Haymarket Court

City
Wellington FL Zip Code
33414

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.

SIGNATURE IRVING GREAR, BROKER, Irving Grear 8/23/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is **\$150.00**
After May 1, Fee is **\$550.00**
Amended UBR is **\$61.25**
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PB</u> <u>IRVING GREAR</u> <u>14765 Haymarket Court</u> <u>Wellington, Florida 33414</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VD</u> <u>Fran Wolf</u> <u>4011 NW 93 RD AVE</u> <u>SUNRISE, Florida 33351</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>Linda Grear</u> <u>14243 Blackberry Dr.</u> <u>Wellington, Florida 33414</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Irving Grear, IRVING GREAR 8/23/02 561-791-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

js 9/13/02