

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90271 011 \*\*\*150.00

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

**DOCUMENT #**

1. Entity Name

*Grecon, Inc.*  
*H77201*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*400B Village Blvd.*

Suite, Apt. #, etc.

3. Mailing Address

*400B Village Blvd.*

Suite, Apt. #, etc.

City & State

*W. Palm Beach, FL.*

Zip

*33409*

Country

*USA*

City & State

*W. Palm Beach, FL.*

Zip

*33409*

Country

*USA*

4. FEI Number

*59-258 1036*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

*Gregory J. Panos*

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

*2087 Ardley Rd.*

City

*No. Palm Beach,*

**FL**

Zip Code

*33408*

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

*Gregory J. Panos*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

*4-30-02*

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  
*President T/C*  
*Gregory J. Panos*  
*2087 Ardley Rd., N. Palm Bch*  
*FL. 33408*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V. President fS*  
*Irene C. Panos*  
*2087 Ardley Rd., N. Palm Beach,*  
*FL. 33408*

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Irene C. Panos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-28-02*

CR2E034B (12/01)