

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

DOCUMENT # 511587

1. Entity Name
The
Greal Marathon Real Estate Co.

FILED
11 MAY -4 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Box 600940		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Marathon, FL		City & State	
Zip 33050	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0230562	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph Nascone

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

City
Marathon

FL **Zip Code**
33050

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 Joseph Nascone, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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
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10. OFFICERS AND DIRECTORS

TITLE President	NAME Joseph Nascone
STREET ADDRESS One Bool Key	
CITY-ST-ZIP Marathon, FL 33050	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

12. 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Nascone **Joseph Nascone, President** 4/25/11 305-305-7537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**