2001 UNIFORM BUSINESS REPORT (UBR)

09-17-2001 90146 001 ***550.00
P00000021466
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
01 OCT 11 AM 10: 08

DOCUMENT # P00000021466

1. Entity Name
SMC HOLDINGS, INC.

Principal Place of Business
9701-63 66TH ST. N.
PINELLAS PARK FL 33782

Mailing Address
9701-63 66TH ST. N.
PINELLAS PARK FL 33782

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9713 66th st. N.	9713 66th St. N.
Suite, Apt. #, etc. PINELLAS PARK	Suite, Apt. #, etc. Pinellas Park
City & State FLORIDA	City & State Florida
Zip 33782 Country USA	Zip 33782 Country USA

4. FEI Number 59-3627977 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EKONOMIDES, NICKOLAS C
201 E. KENNEDY BLVD., STE. 1130
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, VP, S, T Claine Spirakis 9713 66th St. N. Pinellas Park, FL 33782 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 9-12-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)