

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

DOCUMENT # **PO1000012320**

1. Entity Name

SMAKCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 614 CROSS ST.	3. Mailing Address 614 CROSS ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS, FL
Zip 34689	Country USA
Zip 34689	Country USA

**DO NOT WRITE
IN THIS SPACE**

**FILED
Jul 24, 2002 8:00 am
Secretary of State**

07-24-2002 90135 020 ***150.00

B0131931

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3704578	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent	
Name EMMANOUIL KALIOROS	
Street Address (P.O. Box Number is Not Acceptable) 614 CROSS ST.	
City TARPON SPRINGS FL Zip Code 34689	

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)

**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 EMMANOUIL KALIOROS 614 CROSS ST. TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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: *E. Kalioros* **EMMANOUIL KALIOROS** **7/17/02 (727) 946-1552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

MOUSTOPOULOS & COMPANY, INC.
ACCOUNTING AND TAX SERVICES
36263 US HWY 19 N
PALM HARBOR, FL 34684
(727) 781-0346
fax (727) 781-0958

P01000012320

July 17, 2002

Florida Department of State
Division of Corporations – UBR
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

As per your instructions we are writing you this letter to request cancellation of the late filing fee for SMAKCO, INC. with Document # P01000012320.

Emmanouil Kalioros, President of Smakco, Inc., recently engaged our firm to prepare tax returns for his corporation. During our discussion it came to our attention that the Uniform Business Report for 2002 had not been filed. Mr. Kalioros stated that the UBR form was not received. He was not aware of any filing requirement until I mentioned it to him. He had recently formed his corporation and believed he was current with his registration with the state.

Enclosed you will find a check for the annual fee and a completed UBR. Please waive the late filing fee for the corporation. If you need any additional information please call me at the number above.

Yours truly,

Demetri Moustopoulos
Demetri Moustopoulos

E. Kal
Emmanouil Kalioros, President
Smakco, Inc.