

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

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

07-24-2002 90135 020 ***150.00

DOCUMENT # **PO1000012320**

1. Entity Name

SMACKCO, 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

4. FEI Number

59-3704578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**DO NOT WRITE
IN THIS SPACE**

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	
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMANOUIL KALIOROS

7/17/02

(727) 946-1552

Date

Daytime Phone #

CR2E034B (12/01)

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

PO1000012320

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


Emmanouil Kalioros, President
Smakco, Inc.