

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064196

1. Entity Name

SMG PUBLISHING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90107 038 ***158.75

Principal Place of Business

Mailing Address

1970 E OSCEOLA PKWY
 242
 KISSIMMEE FL 34743
 US

1970 E OSCEOLA PKWY
 242
 KISSIMMEE FL 34743-8630
 US

2. Principal Place of Business

1342 E. VINE STREET

3. Mailing Address

1342 E. VINE STREET

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

218

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3458714

Applied For

Not Applicable

Zip

34744

Country

USA

Zip

34744

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REPSIS, STEVE

12319 S ORANGE BLOSSOM TRAIL
 ORLANDO FL 32837

Name

STEVE REPSIS

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

3659 TOWN CENTER BLVD. # 312

City

ORLANDO

FL

Zip Code

32837

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

Steve Repsis Pres. *[Signature]*

4/27/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	REPSIS, STEVE	
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	<input type="checkbox"/> Delete
NAME	REPSIS, SABINE	
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPSIS, STEVE	
STREET ADDRESS	3659 TOWN CENTER BLVD # 312	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPSIS, SABINE	
STREET ADDRESS	3659 TOWN CENTER BLVD # 312	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Steve Repsis *[Signature]* President

Date

Daytime Phone #

4/27/00 (407) 847-7431