

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064196

1. Entity Name

SMG PUBLISHING, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90104 050 \*\*\*158.75

Principal Place of Business

1342 E VINE STREET  
#218  
KISSIMMEE FL 34744  
US

Mailing Address

1342 E VINE STREET  
#218  
KISSIMMEE FL 34744  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3458714

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REPSIS, STEVE  
3659 TOWN CENTER BLVD # 312  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name REPSIS, STEVE

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

3956 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

*[Signature]*

STEVE REPSIS, Pres.

4/26/01

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, 2001 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

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPSIS, STEVE	
STREET ADDRESS	3956 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	3956 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*[Signature]*

STEVE REPSIS, Pres.

4/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 847-7431

0431782

CR2E034 (10/00)