

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90773 044 \*\*\*150.00

**DOCUMENT #** P00000008004

**1. Entity Name**

Monkey Marketing Company, Inc.

**DO NOT WRITE IN THIS SPACE**

641654

**2. Principal Place of Business**

989 W. Kennedy Blvd.

**3. Mailing Address**

989 W. Kennedy Blvd.

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.  
101

City & State  
Orlando, Florida

City & State  
Orlando, Florida

**4. FEI Number**  
59-3620879

Applied For  
Not Applicable

Zip  
32810

Country

Zip  
32810

Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

Jeffrey Quattri

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

989 West Kennedy Blvd., Ste 101

City

Orlando

FL

Zip Code  
32810

**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  
Jeffrey Quattri  
989 W. Kennedy Blvd #101  
Orlando, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)