

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 005 ***150.00

DOCUMENT # P00000067795

1. Entity Name

MALINDY ELENE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1180 Central Avenue

Suite, Apt. # etc.

3. Mailing Address
1180 Central Avenue

Suite, Apt. # etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, Florida

Zip
33705

Country
U.S. A.

City & State
St. Petersburg, Florida

Zip
33705

Country
U.S. A.

4. FEI Number
593657856

Applied for
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lindy Bengston

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

1180 Central Avenue

City

St. Petersburg

FL

Zip Code

33705

**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
D
NAME
Bengston, Lindy
STREET ADDRESS
1180 Central Avenue
CITY-STATE-ZIP
St. Petersburg, Florida 33705

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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CITY-STATE-ZIP

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**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)(f), 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.

Malindy Elene, Inc.

SIGNATURE:

By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindy Bengston

Date

Daytime Phone #

(727) 893-6906