

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90140 036 ***150.00

DOCUMENT # P00000077859

1. Entity Name
Monkey Room, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1620 Gulf of Mexico

3. Mailing Address
%Stephen J. Mitchell

Suite, Apt. #, etc.

Suite, Apt. #, etc.
201 N. Franklin St., Suite 2100

DO NOT WRITE IN THIS SPACE

City & State Longboat Key, FL

City & State Tampa, FL

4. FEI Number 651032813

Applied For

Not Applicable

Zip 34228

Country USA

Zip 33602

Country USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dr. Murray J. Klauber

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

1620 Gulf of Mexico Drive

City Longboat Key

FL

Zip Code 34228

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 relinquishing)

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 Director/President/Secretary/Treasurer
NAME Dr. Murray J. Klauber
STREET ADDRESS 1620 Gulf of Mexico Drive
CITY - ST - ZIP Longboat Key, FL 34228

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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 is supplemental report, 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, the receiver or trustee of the corporation, or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with address, with all other like information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Murray J. Klauber, President

(941) 383-7419

Date

Daytime Phone #

CR2E034B (12/01)