FILED
Sep 16, 2002 8:00 am
Secretary of State
09-16-2002 90091 038 ***550.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109810

1. Entity Name: 2 Monkeyboys Inc.

DO NOT WRITE IN THIS SPACE

B0138263

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7607 NW 68 Terr.	7607 NW 68 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac Fl	City & State: Tamarac Fl
Zip: 33321 Country: USA	Zip: 33321 Country: USA

4. FEI Number: 65-1059038 ☐ Applied For ☐ Not Applicable

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: Michael D. Coleman

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

7607 NW 68 Terrace

City: Tamarac FL Zip Code: 33321

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: Michael D. Coleman 13SEP02

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	P/C
NAME	MICHAEL D. COLEMAN
STREET ADDRESS	7607 NW 68 TERRACE
CITY-ST-ZIP	Tamarac FL 33321
TITLE	V/S
NAME	CHRISTINE COLEMAN
STREET ADDRESS	7607 NW 68 TERRACE
CITY-ST-ZIP	TAMARAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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: MICHAEL D. COLEMAN Michael D. Coleman 13SEP02 (954) 726-5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #