

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

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91518 036 \*\*\*150.00

DOCUMENT # P01000031462

1. Entity Name

Stone Monkey, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10809 N. 56<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Address

10809 N. 56<sup>th</sup> Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace, FL

Zip

33617

Country

USA

City & State

Temple Terrace, FL

Zip

33617

Country

USA

4. FEI Number

30-0063387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Alan Carregal

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

10809 N. 56<sup>th</sup> Street

City

Temple Terrace

FL

Zip Code

33617

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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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Alan Carregal  
10809 N. 56<sup>th</sup> Street  
Temple Terrace, FL 33617

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-02