

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90094 018 ***150.00

DOCUMENT # P01000091143

1. Entity Name

The Elephant Mankal place, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4275 34th St. S.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

4. FEI Number

59-3726301

Applied For

Not Applicable

Zip

33711

Country

Pinellas

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Alfonso Woods

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

4905 34th St. S. #168

City

St. Petersburg

FL

Zip Code

33711

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 John Whitworth 4100 36th Street South St. Petersburg FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Alfonso Woods 4905 34th Street South #168 St. Petersburg FL 33711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer John Whitworth 2234 66th Avenue South St. Petersburg FL 33712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Board Member John Whitworth 4100 36th Street South St. Petersburg FL 33711
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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)(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

APR 30, 2002

Daytime Phone #

CR2E034B (12/01)