

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078400 ✓

1. Entity Name

Type Monkeys, Inc.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90020 036 ***150.00

Principal Place of Business

Mailing Address

2400 Tall Pines Dr.
#1
Largo, FL 33771

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#1
Largo, FL 33771

A0049615

2. Principal Place of Business

3. Mailing Address

2400 Tall Pines Dr.
Suite, Apt. #, etc.
ONE

2400 Tall Pines Dr.
Suite, Apt. #, etc.
ONE

DO NOT WRITE IN THIS SPACE

City & State
Largo, FL

City & State
Largo, FL

4. FEI Number
59-3467039

Applied For
Not Applicable

Zip
33771

Country
USA

Zip
33771

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Helen Palmer
10431 104th AVE N.
Largo, Florida 33771

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Helen Palmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/2001
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☐ Delete
NAME Jeff Zampino
STREET ADDRESS 2400 Tall Pines Dr. #1
CITY-ST-ZIP Largo, FL 33771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice-President ☐ Delete
NAME Helen Palmer
STREET ADDRESS 10431 104th AVE N.
CITY-ST-ZIP Largo, FL 33773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen Palmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2001 727-531-2232
Date Daytime Phone #

CR2E034 (1/1/00)