

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2000 8:00 am
Secretary of State
 08-29-2000 90033 008 ***150.00

DOCUMENT # P93000036018

1. Entity Name
SHANNON REALTY CORP.

R

Principal Place of Business P.O. BOX 6592 KEY WEST FL 33041	Mailing Address P.O. BOX 6592 KEY WEST FL 33041
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3177228** Applied For
 Not Applicable

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

MAHONEY, SHARON
306 PEACON LANE
KEY WEST FL 33041

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 _____ (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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MAHONEY, SHARON 306 PEACON LANE KEY WEST FL 33041	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E/24/00 **305**
 Date **295-2477** Daytime Phone

CR2E034 (5/00)

Attachment
D# P9300W36018
2008 2341

August 25, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL
32302-1500

BT FEI #59-3177228

Please find enclosed Year 2000 Uniform Business Report completed with no changes together with a check for \$150 as required. This form was not filed earlier due to the fact that it was not received. I am asking for the penalty to be waved.

Very truly yours,



Sharon Mahoney
P.O. Box 6592
Key West, FL
33041

SM:dmu
Enclosure

