

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015136

1. Entity Name

SHAMROCK DESIGNS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90458 031 ***150.00

Principal Place of Business

Mailing Address

7210 MAJESHE BLVD
NAVARRE FL 32566

PO BOX 473
GULF BREEZE FL 32566-0720

2. Principal Place of Business

3. Mailing Address

3470 Hillside Ave

P.O. Box 5720

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gulf Breeze, FL

City & State
Navarre, FL

4. FEI Number
59-3496928

Applied For
Not Applicable

Zip
32561

Country
USA

Zip
32566

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

HARRINGTON, LYNNE G
7210 MAJESTIC BLVD
NAVARRE FL 32566

Name
HARRINGTON, LYNNE G.
Street Address (P.O. Box Number is Not Acceptable)

3470 Hillside Ave
City
Gulf Breeze FL Zip Code 32561

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

4/26/00

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARRINGTON, JAMES P
7210 MAJESTIC BLVD
NAVARRE FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3470 Hillside Ave
Gulf Breeze, FL 32561 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
HARRINGTON, JAMES P
7210 MAJESTIC BLVD
NAVARRE FL 32566 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3470 Hillside Ave
Gulf Breeze, FL 32561 ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 8803261748

Date

Daytime Phone #

CR2E034 (9/99)