

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000062912**

1. Entity Name

SHAMROCK RESTORATION SERVICES, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 038 ***150.00

Principal Place of Business

**21344 RACE HORSE LANE
BROOKSVILLE FL 34609**

Mailing Address

**P.O. BOX 17447
TAMPA FL 33682**

2. Principal Place of Business

27091 Osage St.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

4. FEI Number

59-3523763

Applied For

Not Applicable

Zip

34601

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**REYNOLDS, MICHAEL
21344 RACE HORSE LANE
BROOKSVILLE FL 34609**

7. Name and Address of New Registered Agent

Name

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

27091 Osage St.

City

Brooksville**FL**

Zip Code

34601

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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REYNOLDS, MICHAEL	
STREET ADDRESS	P.O. BOX 17447	
CITY-ST-ZIP	TAMPA FL 33682	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 687, 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: **Michael Reynolds**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**813-505-7839**
3-6-01 Date Daytime Phone #

CR2E034 (10/00)