2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015136

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90458 031 ***150.00

1. Entity Name

SHAMROCK DESIGNS, INC.

Principal Place of Business	Mailing Address
7210 MAJESHE BLVD NAVARRE FL 32566	PO BOX 473 GULF BREEZE FL 32566-0720

D00420 36

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3470 Hillside Ave	P.O. Box 5720
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze, FL	City & State: Navarre, FL
Zip: 32561 / Country: USA	Zip: 32566 / Country: USA

4. FEI Number 59-3496928 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRINGTON, LYNNE G
7210 MAJESTIC BLVD
NAVARRE FL 32566

7. Name and Address of New Registered Agent

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 [signature] 4/26/00
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, 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	☒ Change ☐ Addition 3470 Hillside Ave Gulf Breeze, FL 32561
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CR2E034 (9/99)

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 James P Harrington 4/26/00 8503361748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #