2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 02, 2001 8:00 am **DOCUMENT # 615336 Secretary of State** 1. Entity Name SHAMROCK ENTERPRISES OF TAMPA, INC. 03-02-2001 90017 025 ***150.00 Principal Place of Business Mailing Address 4166 MCKETHAN ROAD 4166 MCKETHAN ROAD RIDGE MANOR FL 33523 RIDGE MANOR FL 33523 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1890157 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAUGHTON, JOHN B.,JR. Street Address (P.O. Box Number is Not Acceptable) 4166 MCKETHAN ROAD RIDGE MANOR FL 33523 City Zip Code F 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00 ☐ Delete Change Addition TITLE TITLE NAUGHTON, JOHN JR. NAME NAME STREET ADDRESS STREET ADDRESS 4166 MCKETHAN ROAD CITY-ST-7IP CITY-ST-ZIP RIDGE MANOR FL 33523 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST~ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 five and accurate and that my signature shall have the same legal effect as if made under eath; 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 ress, with all other like empowered. changed, or on an attachment with an ad-

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: