

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90088 003 ***150.00

DOCUMENT # **J28728**

1. Entity Name
SHAMROCK TRAVEL, INC.

Principal Place of Business
**2700-C UNIVERSITY BLVD. W. #4
 JACKSONVILLE FL 32217**

Mailing Address
**2700-C UNIVERSITY BLVD. W. #4
 JACKSONVILLE FL 32217**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6267 Dupont Station Ct
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 24960
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL.

City & State
JACKSONVILLE FL

4. FEI Number **59-2716332**

Applied For
 Not Applicable

Zip **32217** Country **U.S.A.**

Zip **32241-4960** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**WAITS, ROBERT F
 2700-C UNIVERSITY BLOUVELARD, WEST
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name **ROBERT F. WAITS**
 Street Address (P.O. Box Number is Not Acceptable)
6267 Dupont Station Court
 City **JACKSONVILLE FL** Zip Code **32217**

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 *Robert F. Waits*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9 JAN. 02

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, 2002 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 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONOVAN, THOMAS W., SR. 2700-C UNIVERSITY BL W. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONOVAN, JOAN D. 2700-C UNIVERSITY BL W. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WAITS, ROBERT F. 2700-C UNIVERSITY BL W. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WAITS, JOANNE T. 2700-C UNIV. BLVD. W. JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DONOVAN THOMAS W. SR. 6267 Dupont Station Court JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DONOVAN JOAN D. 6267 Dupont Station Court JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WAITS ROBERT F. 6267 Dupont Station Court JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WAITS JOANNE T. 6267 Dupont Station Court JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Robert F. Waits*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9 JAN. 02** Daytime Phone # **(904) 730-0600**

CR2E034 (9/01)