

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90534 038 \*\*\*150.00

**DOCUMENT # J68093**

1. Entity Name  
**SHAMROCK BUILDING SUPPLY, INC.**

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Principal Place of Business      Mailing Address  
**180 EAST DOUGLAS ROAD**      **180 EAST DOUGLAS ROAD**  
**OLDSMAR FL 34677**      **OLDSMAR FL 34677**

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2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. BOX 1265**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State      4. FEI Number      Applied For  
**OLDSMAR, FL**      **OLDSMAR, FL**      **59-2794536**       Not Applicable

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Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75** Additional Fee Required  
**34677-1265**      **USA**

**C0024662**



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>PAULEY, DAVID R.</b> <b>180 E. DOUGLAS ROAD</b> <b>OLDSMAR FL 33557</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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 X N/A      (NOTE: Registered Agent signature required when reinstating)      DATE X N/A

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>TD</b> <b>PAULEY, DAVID R.</b> <b>2258 GULF VIEW BLVD.</b> <b>DUNEDIN FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HOEFLING, RALPH B.</b> <b>2956 LANDING WAY</b> <b>PALM HARBOR FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALSH, THOMAS</b> <b>16634 DRESSER HILL DR</b> <b>CHESTERFIELD MO</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>WALSH, ROSALIE</b> <b>16634 DRESSER HILL DR</b> <b>CHESTERFIELD MO</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 reports 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: X [Signature]      Date: X 2/13/2001      Daytime Phone #: 927-449-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)