

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED

Jun 09, 2000 8:00 am
Secretary of State

05-15-2000 90290 006 ***150.00

DOCUMENT # K27034

1. Entity Name

SHAMROCK CHEVROLET, INC.

Principal Place of Business

5925 HWY. 90 WEST
MILTON FL 32583

Mailing Address

5925 HWY. 90 WEST
MILTON FL 32583-1712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2894916

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARD, MICHAEL H
5992 MOORS OAK DRIVE
MILTON FL 32583

Name Byron H. Basham

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

101 Country Club Dr. W.

City Destin FL Zip Code 32541

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, 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 P
NAME WARD, MICHAEL H
STREET ADDRESS 5992 MOORS OAK DRIVE
CITY-ST-ZIP MILTON FL 32583 ☒ Delete

TITLE
NAME Byron H. Basham ☒ Change ☐ Addition
STREET ADDRESS 101 Country Club Dr. W
CITY-ST-ZIP Destin, FL 32541

TITLE S
NAME WARD, DIANE D
STREET ADDRESS 5992 MOORS OAKS DRIVE
CITY-ST-ZIP MILTON FL 32583 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)