

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K55266

1. Entity Name

INISHOWEN, INC.

Principal Place of Business

2 MACON WAY  
ST CLOUD FL 34769  
US

Mailing Address

% VICKIE L. SHESLER  
46 N WASHINGTON BLVD. SUITE 1  
SARASOTA FL 34236-5932

2. Principal Place of Business

3. Mailing Address

46 N. Washington Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1

City & State

SARASOTA FL

Zip

Country

Zip

Country

34236

USA

4. FEI Number

59-2926018

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

PATTERSON, JOHN  
46 N. WASHINGTON BLVD.  
SUITE 1  
SARASOTA FL 34236

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

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 PD  
NAME O'DOHERTY, CAHIR  
STREET ADDRESS 2 MACON WAY  
CITY-ST-ZIP ST CLOUD FL

☐ Delete

TITLE DVST  
NAME O'DOHERTY, TERESA  
STREET ADDRESS 2 MACON WAY  
CITY-ST-ZIP ST CLOUD FL

☐ Delete

TITLE  
NAME  
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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:

CAHIR O'DOHERTY, President

Date

Daytime Phone #

FILED  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90928 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)