

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 90172 001 ***600.00

DOCUMENT # L05604

1. Entity Name
SHAMROCK AIR CONDITIONING, INC.

Principal Place of Business
**1122 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**

Mailing Address
**1122 S CONGRESS AVE
WEST PALM BEACH FL 33406
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Rt 2 Box 205
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1126
Suite, Apt. #, etc.

City & State
MAYO FL

City & State
MAYO FLA

4. FEI Number **65-0128555**

Applied For
☐ Not Applicable

Zip **32066** Country **USA**

Zip **32066** Country **USA**

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

6. Name and Address of Current Registered Agent

**JOYNER, CHRISTOPHER SR.
3570 LIBBY COURT
W PALM BCH FL 33406**

7. Name and Address of New Registered Agent

Name **Kelli A. Joyner**
Street Address (P.O. Box Number is Not Acceptable)
Rt. 2 Box 205
City **MAYO** FL **32066**

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 **Kelli A. Joyner, Pres** DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, CHRISTOPHER SR	
STREET ADDRESS	3570 LIBBY CT	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOYNER, KELLI A.	
STREET ADDRESS	3570 LIBBY C T.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOYNER, KELLI A.	
STREET ADDRESS	3570 LIBBY CT.	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelli A. Joyner	
STREET ADDRESS	P.O. Box 1126	
CITY-ST-ZIP	MAYO, FL 32066	
TITLE	TREASURE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Les Dery	
STREET ADDRESS	1231 W. MANGO ST	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: **Kelli A. Joyner Pres** Date **4/30/01** Daytime Phone # **9042941889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)