

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76969

1. Entity Name

SHAMROCK ASSOCIATES, INC.

Principal Place of Business

368 HAMPSHIRE AVENUE
SPRINGHILL FL 34606
US

Mailing Address

368 HAMPSHIRE AVE
SPRINGHILL FL 34606
US

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

59-3019812

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEEHAN, ELIZABETH A
368 HAMPSHIRE AVE.
SPRINGHILL FL 34606

7. Name and Address of New Registered Agent

Name ROBERT J. SHEEHAN

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

City SPRING HILL FL Zip Code 34606

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 J. Sheehan*

ROBERT J. SHEEHAN SEC/TREAS

4/27/2001

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, 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	CDP	<input type="checkbox"/> Delete
NAME	SHEEHAN, ELIZABETH A.	
STREET ADDRESS	368 HAMPSHIRE AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	SHEEHAN, ROBERT J.	
STREET ADDRESS	368 HAMPSHIRE AVE	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHEEHAN, MICHAEL R	
STREET ADDRESS	1411 HOYT AVE	
CITY-ST-ZIP	EVERETT WA 98201	
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	<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	
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: *Robert J. Sheehan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. SHEEHAN SEC/TREAS

(352) 666-8490

4-27-01

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90195 031 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)