

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000089604**1. Entity Name
SHAMROCK ROOFING, INC.**FILED**
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90039 017 ***150.00

Principal Place of Business

**4615 GARCIA AVE
SARASOTA FL 34233**

Mailing Address

**4615 GARCIA AVE
SARASOTA FL 34233**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1042223

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****O'LEARY, LIAM P
4615 GARCIA AVE
SARASOTA FL 34233**

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, 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	DP	<input type="checkbox"/> Delete
NAME	O'LEARY, LIAM	
STREET ADDRESS	4615 GARCIA AVE	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCORD, DAVID	
STREET ADDRESS	25250 STATE RD 64	
CITY-ST-ZIP	MYAKKA FL 34251	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, 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

Liam O'Leary

Date

3-14-01

Daytime Phone #

941-924-3373

CR2E034 (10/00)