FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 30, 2002 8:00 am DOCUMENT # P00000105271 **Secretary of State** 1. Entity Name 01-30-2002 90017 050 ***150.00 SHAMROCK MORTGAGE & INVESTMENTS, INC. Principal Place of Business Mailing Address 4050 US HWY #1, STE, 303 4050 US HWY #1, STE, 303 JUPITER FL 33477 JUPITER FL 33477 cipal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1055115 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY, JOHN Street Address (P.O. Box Number is Not Acceptable) **214 2ND TERR** PALM BEACH GARDENS FL 33418 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 applicable (NOTE: Registered Agent signature required when reinstating) n is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME MCCARTHY, JOHN NAME STREET ADDRESS STREET ADDRESS **214 2ND TERR** CITY-ST-ZIP WEST PALM BEACH FL 33418 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acceiver 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 anachment with all other like empowered.