FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 02, 2003 8:00 am Secretary of State **DOCUMENT #** P00000112080 04-02-2003 90119 013 ***150.00 1. Entity Name IRELAND CONSTRUCTION, INC. Principal Place of Business Mailing Address < SAme P.O. BOX 861069 P.O. BOX 861069 ST AUGUATINE FL 32086 ST AUGUATINE FL 32086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3687033 Not Applicable Zip Country Zip 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 Name IRELAND, LUCILLE Street Address (P.O. Box Number is Not Acceptable) 118 MARTIN ROAD SHAMBOCK ROAD ST. AUGUSTINE FL 32086 City ST. Augostine 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition 301 SHAMROOK RD NAME NAME IRELAND, LUCILLE STREET ADDRESS STREET ADDRESS 118 MARTIN ROAD SY AU, TC 32086 CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 TITLÉ ☐ Delete TITLE ☐ Addition NAME NAME FRIEDMAN, ROBERT 301 SHAMROCK RD STREET ADDRESS STREET ADDRESS 118 MARTIN ROAD CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32086 Augustine H TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

Change

☐ Addition

☐ Addition