

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

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90058 017 ***150.00

0133692 AT

DOCUMENT # P02000126521

1. Entity Name
SHAMROCK HEALTH EDUCATION, INC.



Principal Place of Business
**916 CRENSHAW LAKE ROAD
LUTZ FL 33548**

Mailing Address
**916 CRENSHAW LAKE ROAD
LUTZ FL 33548**

00100103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2070435

Applied For

Not Applicable

Zip

Country

Zip

Country

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'DRISCOLL, JAY
916 CRENSHAW LAKE ROAD
LUTZ FL 33548**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
O'DRISCOLL, JAY
916 CRENSHAW LAKE ROAD
LUTZ FL 33548** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 4, 2003

Date

813-363-2972

Daytime Phone #

CR2E034 (4/03)

Attachment

90155434
#P02000126521

Shamrock Health Education, Inc.
916 Crenshaw Lake Road
Lutz, Fl 33548

September 4, 2003

Division of Corporations
UBR Filings
P.O. Box 1500
Tallahassee, Fl 32302

RE: 2003 Uniform Business Report, Doc# P02000126521

Dear Sir:

Pursuant to your instructions, since we did not receive the original report enclosed find our check in the amount of \$150.00 for the above referenced.

If I may be of further assistance please notify me.

Sincerely,


Jay O'Driscoll
President