2000 UNIFORM BUSINESS REPORT (UBR) May 15, 2000 8:00 am DOCUMENT # **P93000023296** 1. Entity Name Secretary of State SHAMROCK REALTY & DEVELOPMENT INC. 05-15-2000 90190 026 ***150.00 Mailing Address Principal Place of Business 808 SE 46 LANE 808 SE 46 LANE SUITE 3 SUITE 3 IIUUUU AA CAPE CORAL FL 33904-8834 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 860-SE 46 LANE -PANE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0414878 CORAL PORAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CICIRETTI, HELEN J Street Address (P.O. Box Number is Not Acceptable) 2932 SW 2ND LANE CAPE CORAL FL 33991 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 DATE Signature, broad or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE Delete HELEN CICIRETTI NAME NAME 860-B SE 46 LANE STREET ADDRESS 808 SE 46 LANE #3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIF ☐ Delete TITLE TITLE+ CICIRETTI, HELEN J. NAME 860 B SE 46 LANE STREET ADDRESS 808 SE 46TH LANE #3 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE CICIRETTI, HELEN J. NAME 860-B SE 46 Lane STREET ADDRESS 808 SE 46 LANE STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 860-B SE 46 Lane Chánge ☐ Delete TITLE ☐ Addition TITLE CICIRETTI, HELEN J. NAME NAME STREET ADDRESS STREET ADDRESS 808 SE 46 LANE #3 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Delete TITLE Change ☐ Addition TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

HELENY, CICIRETT 4.26.03

Daytime Phone #

☐ Change

Addition

CR2E00