FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90018 043 ***150.00

DOCUMENT # P93000088135 1. Entity Name Irish Oaks, Inc.					03-23-2002 90018	043 130.00
DO NOT WRITE IN THIS SPACE					t.	·
Principal Place of Business 3. Mailing Address					<u>.</u> 	
7 Stonegate Drive Suite, Apt. #, etc.		7 Stonegate Drive Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State			4. FEI Number	Applied For
Bellair, FL Zip Country		Bellair, FL		65-0456098	Not Applicable 68.75 Additional	
33756 USA		33756	,		Fee Required	
7. Name and Address of Current Registered Agent Name						
DO NOT WRITE Lisa Street Address (F				Smithson & Co.		
				d Address (P.O. Box Number is Not Acceptable)		
*	IN THIS SP	ACE		STE		
			City			Zip Code_
33/02						
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						
Signature, typed or provider harme of registered agent and the diapplicable. (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) January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Rayable to Department of State					10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D			i i i i i i i i i i i i i i i i i i i	Militer van in er op is en de makket militer in de in de Die de in de independent de in d	
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STREET ADDRESS	7 Stonegate Drive Bellair, FL 33756			ss l		9
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TITLE NAME			TITLE			SR2
STREET ADDRESS			STREET ADDRE	55		
CITY-ST-ZIP -		•	CITY-ST-ZIR			
TITLE NAME			TITLE NAME		명활활한 마스마스 라이스 이 전문 생생하는 것 같다. 사용자를 들는 이 일본	
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CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WRIT	
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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 receiver-ortrustee-empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.						
SIGNATURE. SIGNATURE AND DISECTOR Date Duyline Phone Phone Proper Prope						