

**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.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7 Stonegate Drive Suite, Apt. #, etc.	3. Mailing Address 7 Stonegate Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Bellair, FL	City & State Bellair, FL	4. FEI Number 65-0456098	Applied For <input type="checkbox"/> Not Applicable
Zip 33756	Country USA	Zip 33756	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lisa Smithson & Co.
Street Address (P.O. Box Number is Not Acceptable)
1901 Ulmerton Rd
STE 750
City Clearwater **FL** **Zip Code** 33762

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 printed name of registered agent and fee applicable.

(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 Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Daniel Doyle 7 Stonegate Drive Bellair, FL 33756	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)