

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060210

1. Entity Name
SHAMROCK ENVIRONMENTAL MONITORING SYSTEMS, INC.

Principal Place of Business
15181 NE 21 AVENUE
NORTH MIAMI BEACH FL 33162

Mailing Address
15181 NE 21 AVENUE
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 611475
Suite, Apt. #, etc.

City & State
North Miami Beach

Zip
33261

Country

FILED
00 DEC 26 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

4. FEI Number 65-0517343

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

6. Name and Address of Current Registered Agent
MULLOWNEY, ROBERT L JR.
2391 BAYVIEW LANE
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
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.

SIGNATURE *[Signature]* 12/19/00
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its In-angore
Tax filing requirement and elects to do so ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOWNEY, ROBERT L JR. 2391 BAYVIEW LANE NORTH MIAMI FL 33181	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003524133-1 -01/04/01--01108--021 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *[Signature]* 11/22/00 305-970-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #