

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000012817

1. Entity Name

SHAMROCK INVESTMENTS, INC.

Principal Place of Business

7447 BLANDING BLVD.
JACKSONVILLE FL 32244

Mailing Address

7447 BLANDING BLVD.
JACKSONVILLE FL 32244-5107

2. Principal Place of Business

2415 South Badcock

Suite, Apt. #, etc.

Suite B

City & State
Melbourne, FL

Zip
32901

Country
US

3. Mailing Address

2415 South Badcock

Suite, Apt. #, etc.

Suite B

City & State
Melbourne, FL

Zip
32901

Country
US

4. FEI Number 59-3301346

Applied For
Not Applicable

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

PLUMMER, DAVID E
7245 BLANDING BLVD.
JACKSONVILLE FL 32244

Name
Robert P. Kelly
Street Address (P.O. Box Number is Not Acceptable)
2415 South Babcock
Suite B
City Melbourne FL Zip Code 32901

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/14/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	KELLY, ROBERT P	
STREET ADDRESS	7447 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, GREGORY W	
STREET ADDRESS	7447 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, EDWARD J	
STREET ADDRESS	7447 BLANDING BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2415 South Badcock, Suite B
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2415 South Badcock, Suite B
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2415 South Badcock, Suite B
CITY-ST-ZIP	Melbourne, FL 32901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert P. Kelly

DATE 4/14/00

Daytime Phone #

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90097 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)