FILED

2003 FOR PROFIT CORPORATION -_UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2003 8:00 am Secretary of State P95000012817 DOCUMENT # 04-24-2003 90269 007 ***150.00 1. Entity Name SHAMROCK INVESTMENTS, INC. Principal Place of Business Mailing Address TIUTOADA 2415 S BABCOCK 2415 S BABCOCK SUITE B SUITE B MELBOURNE FL 32901 MELBOURNE FL 32901 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3301346 Not Applicable Zip Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, ROBERT P Street Address (P.O. Box Number is Not Acceptable) 2415 SOUTH BADCOCK SUITE B MELBOURNE FL 32901 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change ☐ Addition TITLE TITLE KELLY, ROBERT P NAME NAME 2415 S BADCOCK STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Addition TITLE ☐ Delete TITLE ☐ Change KELLY, GREGORY W NAME NAME STREET ADDRESS STREET ADDRESS 2415 S BABCOCK STE B CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 TITLE e - , '+ + ≪ . ¬⊡ Defete¬¬¬¬¬ TITLE - 🔲 Change Addition NAME KELLY, EDWARD J NAME STREET ADDRESS STREET ADDRESS 2415 S BADCOCK STE B CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32901** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of t changed, or on ap attachment with an address

12. Thereby 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

SIGNATURE:

Daytime Phone #