2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000053852** Apr 23, 2000 8:00 am Secretary of State SHAMROCK TRUCKING & EQUIPMENT, INC. 04-23-2000 90003 027 ***158.75 Principal Place of Business Mailing Address 103 CENTURY 21 DR 103 CENTURY 21 DR SUITE 113 SUITE 113 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-9295 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3386646 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent --**ROWMAN, JOHN** Street Address (P.O. Number is Not Acceptable) 4461 CHASEWOOD DRIVE JACKSONVILLE FL 32225 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 11. ResidenT - Director Addition CR2E034 (9/99 TITLE TITLE Delete on Tury 2 | DR. Suite 215 ROWAN, CAROLINE NAME 277-1 MONUMENT RD #366 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32225 CITY-ST-ZIP Delete TITLE TITLE ROWAN, MARGARET NAME 103 Century 21 DR STREET ADDRESS 277-1 MONUMENT RD #366 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Teffrey T Cook U.P. 2-18-00 904-727

of the corporation or the receiver or trestee

SIGNATURE: