

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90172 001 \*\*\*600.00

**DOCUMENT # P96000072946**

1. Entity Name  
**SHAMROCK ELECTRICAL ENTERPRISE INC.**

Principal Place of Business  
**1122 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

Mailing Address  
**1122 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

2. Principal Place of Business  
**Rt. 2 Box 205**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 1126**  
Suite, Apt. #, etc.

City, State  
**Mayo IL**

City, State  
**MAYO FLA**

Zip Country  
**IL 32066 USA**

Zip Country  
**33066 USA**

4. FEI Number **65-0691300**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOYNER, CHRISTOPHER  
1122 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406**

**7. Name and Address of New Registered Agent**

Name  
**Kelli A. Joyner**  
Street Address (P.O. Box Number is Not Acceptable)

**Rt. 2 Box 205**  
City **Mayo** **FL** Zip Code **32066**

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 **Kelli A. Joyner, PRES**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/30/01**  
DATE

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, 2001 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**

TITLE **PT** ☐ Delete  
NAME **JOYNER, KELLI A**  
STREET ADDRESS **3570 LIBBY COURT**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **VPS** ☒ Delete  
NAME **JOYNER, CHRISTOPHER SR.**  
STREET ADDRESS **3570 LIBBY CT**  
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Kelli A. Joyner, PRES**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01** **904 294 1889**  
Date Daytime Phone #

CR2E034 (10/00)