

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90069 049 ***150.00

DOCUMENT # P96000087327

1. Entity Name
IRISH INNOVATIONS, INC.

Principal Place of Business
741 HUMMINGBIRD WAY #2
NORTH PALM BEACH FL 33408

Mailing Address
741 HUMMINGBIRD WAY #2
NORTH PALM BEACH FL 33408



2. Principal Place of Business
2377 COUNTRY OAKS LN
 Suite, Apt. #, etc.

3. Mailing Address
2377 COUNTRY OAKS LN
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Bch Gardens
 Zip
33410
 Country
USA

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Palm Bch Gardens
 Zip
33410
 Country
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4. FEI Number **65-0714843** Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
IRELAND, BRIAN K
741 HUMMINGBIRD WAY #2
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent
 Name **Brian K Ireland**
 Street Address (P.O. Box Number is Not Acceptable)
2377 COUNTRY OAKS LN
 City **Palm Bch Gardens 33410 FL** Zip Code **33410**

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 **Brian K Ireland** DATE **April 15/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IRELAND, BRIAN K 741 HUMMINGBIRD WAY #2 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete IRELAND, PAMELA A 741 HUMMINGBIRD WAY #2 NORTH PALM BEACH FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2377 COUNTRY OAKS LN Palm Bch Gardens 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2377 COUNTRY OAKS LN Palm Bch Gardens 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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: **Brian K Ireland** DATE **4/15/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)