

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

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

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

**DOCUMENT # P97000016307**

1. Entity Name  
**SHAMROCK PLUMBING AND DRAIN, 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  
**LT 2 Box 205**  
Suite, Apt. #, etc.

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



DO NOT WRITE IN THIS SPACE

City & State  
**Mayo Fla.**  
Zip  
**32066** Country  
**USA**

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**Mayo Fla.**  
Zip  
**32066** Country  
**USA**

4. FEI Number **65-0730077** 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)  
**PO Box 205**  
City **Mayo** **FL** Zip **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** (NOTE: Registered Agent signature required when reinstating) DATE **4/30/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD JOYNER, CHRISTOPHER 1122 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOYNER, KELLI 1122 SOUTH CONGRESS AVENUE WEST PALM BEACH FL 33406 <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
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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/VP/Sec/T Kelli A. Joyner PO Box 1126 Mayo, FL 32066 <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
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 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** **4/30/01** **904-294-1889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)