2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90039 033 ***150.00

DOCUMENT # P00000053091

1. Entity Name
Shamrock-Shamrock, Inc.

Principal Place of Business	Mailing Address
7 Crescent Lake Way Ormond Beach, FL 32174	7 Crescent Lake Way Ormond Beach, FL 32174

2. Principal Place of Business	3. Mailing Address
7 Crescent Lake Way Suite, Apt. #, etc.	7 Crescent Lake Way Suite, Apt. #, etc.
City & State: Ormond Beach FL	City & State: Ormond Beach FL
Zip: 32174 Country: Volusia	Zip: 32174 Country: Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3453534 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Sullivan, Patrick E.
7 Crescent Lake Way
Ormond Beach, FL
32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
PTS Sheila Sullivan 7 Crescent Lake Way Ormond Beach, FL 32174		PTS Patrick Sullivan 7 Crescent Lake Way Ormond Beach, FL 32174	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 3-31-00 (904) 671-1251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #