2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State
03-08-2001 90019 050 ***150.00
09-06-2001 90011 035 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000053691

1. Entity Name
SHAMROCK - SHAMROCK, INC.

Principal Place of Business
~~7 CRESCENT LAKE WAY~~
~~ORMOND BEACH FL 32174~~

Mailing Address
~~7 CRESCENT LAKE WAY~~
~~ORMOND BEACH FL 32174~~

232 RIVER BEACH DR

2. Principal Place of Business	3. Mailing Address
~~5 SPRING MEADOWS~~	PO BOX 227
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORMOND BEACH, FL	City & State: DAYTONA FL
Zip: ~~32174~~ 32176 Country: USA	Zip: 32115 Country: USA

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) 232 RIVERBEACH DRIVE
City ORMOND BEACH FL Zip Code 32176

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] 28 AUG 01
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 $550.00
After September 12, 2001 Fee will be $750.00
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	PTS SULLIVAN, PATRICK ~~7 CRESCENT LAKE WAY~~ ~~ORMOND BEACH FL 32174~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 232 RIVERBEACH DRIVE ORMOND BEACH, FL 32176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED 27 JUL 01 (386) 527-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)