2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90137 049 ***150.00

DOCUMENT # P97000053691

1. Entity Name
SHAMROCK - SHAMROCK, INC.

Principal Place of Business	Mailing Address
~~232 RIVER BEACH DR~~	P O BOX 227
~~ORMOND BEACH FL 32176~~	DAYTONA FL 32115
US	SU

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
374 S Atlantic Ave			
Suite, Apt. #, etc. A		Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State	
Zip 32176	Country USA	Zip	Country

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	7. Name and Address of New Registered Agent
SULLIVAN, PATRICK E	Name
~~232 RIVER BEACH DRIVE~~	Street Address (P.O. Box Number is Not Acceptable) 374 S Atlantic Ave SUITE A
~~ORMOND BEACH FL 32176~~	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 ______________________________ DATE
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SULLIVAN, PATRICK	NAME	
STREET ADDRESS	232 RIVER BEACH DR	STREET ADDRESS	374 S Atlantic Ave
CITY-ST-ZIP	ORMOND BEACH FL 32176	CITY-ST-ZIP	Ormond Beach, FL 32176
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 4 Feb 2002 (386) 676-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #