

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056051

1. Entity Name

SHAMROCK ENTERPRISES OF BRANDON, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90048 037 ***150.00

Principal Place of Business

Mailing Address

~~6402 N NEBRASKA~~ 6012 E. Hillsborough Ave
TAMPA FL 33604
US 33610

2219 S KINGS
BRANDON FL 33511-7030
US

2. Principal Place of Business

6012 E Hillsborough Ave

3. Mailing Address

2219 S. Kings Ave

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

BRANDON

City & State

Tampa, FL

City & State

BRANDON, FL

Zip

33610

Country

USA

Zip

33511

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3454044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOYLAN, MATTHEW
2219 S KINGS AVE
BRANDON FL 33511

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

TITLE P ☐ Delete
NAME BOYLAN, MATTHEW
STREET ADDRESS 2219 S KINGS
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/2000 (813) 417-2903

CR2E034 19/99