

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90006 004 ***150.00

DOCUMENT # P97000075093

1. Entity Name

IRISH MIST, INC.

Principal Place of Business

Mailing Address

**CHEVAL BLVD
FL 33549**

**3939 CHEVAL BLVD
LUTZ FL 33549-5320**

2. Principal Place of Business

4433 AVE. CANNES

Suite, Apt. #, etc.

3. Mailing Address

4433 AVE CANNES

Suite, Apt. #, etc.

City & State

LUTZ FLA

City & State

LUTZ FLA

Zip

33549

Country

HILLSBOROUGH

Zip

33549

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

**BROWN, THOMAS
1800 SECOND STREET
SUITE 903
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0790614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **PSTD** ☐ Delete
NAME **STACK POOLE, JAMES**
STREET ADDRESS **3939 CHEVAL BLVD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **JAMES STACK POOLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4433 AVE CANNES**
CITY-ST-ZIP **LUTZ FLA 33549**

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-00 813 949-1352

CR2E034 (9/99)