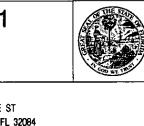
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000091501

1. Entity Name

ST. AUGUSTINE'S HOUSE OF IRELAND, INC.





04-04-2003 90150 026 ***150.00

						N. T. S.	7					
Principal Place 139 ST GEORG ST AUGUSTINI US	GE ST	s	Mailing Address 139 ST GEORGE ST ST AUGUSTINE FL 32084 US								O O O O O O O O O O O O O O O O O O O	
2. Principal Pl	lace of Busin	ness	3. Mailing Address								1141 141 181	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FE! Number 59-3479221			pplied For	
Zip	Zip Country		Zip	Zip Co		ntry	5.	Certificate of Status Desired		8.75 Ad	Iditional	
6. Name and Address of Current			Posistered Agent			1	- 	ame and Address of New Registered Agent				
	O. Idaille	and Address of Content	ricgistor	ou rigent		Name			-5			
PERKINS, DAVID A 139 ST GEORGE STREET							ss (P.O. I	Box Number is Not Acceptable)			
											1	
ST AUGUSTINE FL 32084						City	FL Zip Code					
the obligati	ions of regis	y submits this statement for lered agent. or printed name of registered agent				ed office or regi		gent, or both, in the State of Flo	orida. I am fa	amiliar with	, and accept	
FI After Make Check 10.	DRS	11.		A	Election Campaign Fin Trust Fund Contribution DDITIONS/CHANGES TO OFF	n. 🗆	Adde	OO May Be ed to Fees				
TITLE	PTD			☐ Delete	TITL	E				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PERKINS, 118 WES	DAVID A FORANGE STREET ITE SPRINGS FL 32714	ļ			IE EET ADDRESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PERKINS, 118 WES	JANICE R I ORANGE STREET ITE SPRINGS FL 32714		☐ Delete		i i				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETRIO		:	Delete			 -	6	***	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		I				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	CITY	EET ADDRESS '-ST-ZIP	o Soation	119 07(3)(i) Florida Statutes	I further cort	Change	Addition	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Fluriner 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

904 824 S040