

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90458 031 \*\*\*150.00

DOCUMENT # P98000015136

1. Entity Name  
**SHAMROCK DESIGNS, INC.**

Principal Place of Business 7210 MAJESHE BLVD NAVARRE FL 32566	Mailing Address PO BOX 473 GULF BREEZE FL 32566-0720
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3470 Hillside Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 5700</b> Suite, Apt. #, etc.
City & State <b>Gulf Breeze, FL</b>	City & State <b>Navarre, FL</b>
Zip <b>32561</b>	Country <b>USA</b>
Zip <b>32566</b>	Country <b>USA</b>

4. FEI Number <b>59-3496928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRINGTON, LYNNE G**  
**7210 MAJESTIC BLVD**  
**NAVARRE FL 32566**

7. Name and Address of New Registered Agent  
 Name **HARRINGTON, LYNNE G.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3470 Hillside Ave**  
 City **Gulf Breeze FL** Zip Code **32561**

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 **4/26/00**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HARRINGTON, JAMES P</b> <b>7210 MAJESTIC BLVD</b> <b>NAVARRE FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3470 Hillside Ave</b> <b>Gulf Breeze, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HARRINGTON, JAMES P</b> <b>7210 MAJESTIC BLVD</b> <b>NAVARRE FL 32566</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3470 Hillside Ave</b> <b>Gulf Breeze, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE DATE **4/26/00** DAYTIME PHONE # **9043361748**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)