

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90115 009 \*\*\*550.00

**DOCUMENT # P99000033689**

1. Entity Name

**SHAMROCK TRADING INC.**

R

Principal Place of Business

222 INDUSTRIAL BLVD. #196  
 NAPLES FL 34104

Mailing Address

222 INDUSTRIAL BLVD. #196  
 NAPLES FL 34104

2. Principal Place of Business

222 INDUSTRIAL BLVD. #196

3. Mailing Address

222 INDUSTRIAL BLVD

Suite, Apt. #, etc.

#196

Suite, Apt. #, etc.

#196

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34104

Country

US

Zip

34104

Country

US

4. FEI Number

59-3572390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

COOK, KEVIN  
 720 8TH AVE SOUTH  
 NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

JONATHAN FITZPATRICK

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

6441 Autumn Woods Blvd

City

NAPLES

FL

Zip Code 34109

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

*Jonathan Fitzpatrick*

(NOTE: Registered Agent signature required when resigning)

7/27/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

**PRESIDENT/SECRETARY**  
**JONATHAN J. FITZPATRICK**  
**6441 Autumn Woods Blvd.**  
**NAPLES FL 34109**

**TREASURER**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

*Jonathan Fitzpatrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

Daytime Phone #