

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90232 008 ***150.00

DOCUMENT # V29948



1. Entity Name
SHAMROCK OIL COMPANY

Principal Place of Business
~~D/B/A SPEEDY OIL CHANGE & TUNE-UP~~
~~600 N. BEAL PARKWAY~~
~~FT. WALTON BEACH FL 32543~~

Mailing Address
~~D/B/A SPEEDY OIL CHANGE & TUNE-UP~~
~~600 N. BEAL PARKWAY~~
~~FT. WALTON BEACH FL 32547~~



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2220 CALLE DE PIZZARO
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
NAVARRE, FL.

4. FEI Number **59-3119319** Applied For
Not Applicable

Zip **32566** Country
Zip Country

5. Certificate of Status Desired. **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GRIFFITH, FRANCES A
~~600 N. BEAL PARKWAY~~
~~FT. WALTON BEACH FL 32547~~

7. Name and Address of New Registered Agent
Name **SHAMROCK OIL COMPANY**
Street Address (P.O. Box Number is Not Acceptable) **2220 CALLE DE PIZZARO**
City **NAVARRE, FL** Zip Code **32566**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFITH, CHARLES W 2220 CALLE DE PIZZARO NAVARRE FL 32566 <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	STD GRIFFITH, FRANCES A 2220 CALLE DE PIZZARO NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **owner** Date **3/29/03** Daytime Phone # **(850) 939-1218**

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CR2E034 (10/02)