

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90502 038 ***150.00

052368

DOCUMENT # P98000062912

1. Entity Name
SHAMROCK RESTORATION SERVICES, INC.

Principal Place of Business Mailing Address
21344 RACE HORSE LANE P.O. BOX 17447
BROOKSVILLE FL 34609 TAMPA FL 33682

2. Principal Place of Business 3. Mailing Address
27091 Osage St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Brooksville, FL
 Zip Country Zip Country
34601

4. FEI Number **59-3523763** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REYNOLDS, MICHAEL
21344 RACE HORSE LANE
BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
27091 Osage St.
 City **Brooksville** **FL** Zip Code **34601**

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 _____ (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, 2001 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	P	<input type="checkbox"/> Delete
NAME	REYNOLDS, MICHAEL	
STREET ADDRESS	P.O. BOX 17447	
CITY-ST-ZIP	TAMPA FL 33682	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Michael Reynolds **813-505-7839**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3-6-01** Daytime Phone #

CR2E034 (10/00)