

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90262 043 ***150.00

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DOCUMENT # J69186

1. Entity Name
DESPAIN INVESTMENTS, INC.



Principal Place of Business
11965 ARMSDALE RD
JACKSONVILLE FL 32218
US

Mailing Address
11965 ARMSDALE RD
JACKSONVILLE FL 32218
US



2. Principal Place of Business

3. Mailing Address

11665 Kingsley Ave

Suite, Apt. #, etc.

Suite 104

City & State

Orange Park, FL

Zip

32073

Country

US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2815381**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESPAIN, DENNIS M.
11965 ARMSDALE RD
JACKSONVILLE FL 32218

Name
DESPAIN, DENNIS M.

Street Address (P.O. Box Number is Not Acceptable)
1950 Jason Scott Dr.

City **Jacksonville** **FL** **Zip Code** **32216**

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 **DESPAIN, DENNIS M.**

1/5/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **DESPAIN, DENNIS M.**
STREET ADDRESS **7563 BRETT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☒ **Change** ☐ **Addition**
NAME **DESPAIN, DENNIS M.**
STREET ADDRESS **11965 ARMSDALE ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 32218**

TITLE **DS** ☐ **Delete**
NAME **DESPAIN, TERRY L.**
STREET ADDRESS **7563 BRETT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☒ **Change** ☐ **Addition**
NAME **DESPAIN, TERRY L.**
STREET ADDRESS **7563 BRETT DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32222**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **DESPAIN, DENNIS M.**

1/5/2003 **904** **757-9603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)