

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90085 022 \*\*\*150.00

**DOCUMENT # P01000016193**

**1. Entity Name**  
**DESPIRITO INSTALLATIONS, INC.**

**Principal Place of Business**

**2215 CRYSTAL DR  
 FT MYERS FL 33907**

**Mailing Address**

**2215 CRYSTAL DR  
 FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**14478 LAKEWOOD TRACE CT.**  
 Suite, Apt. #, etc.  
 City & State  
**FT. MYERS FL.**  
 Zip  
**33919**

**3. Mailing Address**

**14478 LAKEWOOD TRACE CT.**  
 Suite, Apt. #, etc.  
 City & State  
**FT. MYERS, FL.**  
 Zip  
**33919**

**4. FEI Number**

**651073480**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**DESPIRITO, LISA  
 2215 CRYSTAL DR  
 FT MYERS FL 33907**

**7. Name and Address of New Registered Agent**

**Name**

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

**14478 LAKEWOOD TRACE CT.**

**City**

**FT. MYERS**

**FL**

**Zip Code**

**33919**

**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**

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

(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)**

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**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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**

<b>TITLE</b>	<b>DP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DESPIRITO, BARRY</b>	
<b>STREET ADDRESS</b>	<b>2215 CRYSTAL DR</b>	
<b>CITY-ST-ZIP</b>	<b>FT MYERS FL 33907</b>	
<b>TITLE</b>	<b>DV</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>DESPIRITO, LISA</b>	
<b>STREET ADDRESS</b>	<b>2215 CRYSTAL DR</b>	
<b>CITY-ST-ZIP</b>	<b>FT MYERS FL 33907</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>FAIMAN, ANDREW</b>	
<b>STREET ADDRESS</b>	<b>14478 LAKEWOOD TRACE CT.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33919</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>M</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>FAIMAN, Annmarie</b>	
<b>STREET ADDRESS</b>	<b>14478 LAKEWOOD TRACE CT.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS, FL. 33919</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**LISA DESPIRITO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**1/24/02**

**Daytime Phone #**

**(941) 277-3262**

CR2E034 (9/01)