

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90028 029 \*\*\*150.00

**DOCUMENT # P97000037512**

1. Entity Name  
**ROBERT DESPIRT ENTERPRISES INC.**

Principal Place of Business <b>8413 JACARANDA AVENUE          SEMINOLE FL 33777-3619</b>	Mailing Address <b>8413 JACARANDA AVENUE          SEMINOLE FL 33777-3619</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2651 MICHAEL PLACE</b>	3. Mailing Address <b>P.O. BOX 121</b>
Suite, Apt. #, etc. <b>104</b>	Suite, Apt. #, etc.

City & State <b>DUNEDIN, FL.</b>	City & State <b>PALM HARBOR, FL.</b>	4. FEI Number <b>59-3450629</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34698</b>	Country <b>PINELLAS</b>	Zip <b>34682</b>	Country <b>PINELLAS</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZEOLI, SAM JR.          8413 JACARANDA AVENUE          SEMINOLE FL 33777-3619</b>		7. Name and Address of New Registered Agent Name <b>ROBERT L. DESPIRT</b> Street Address (P.O. Box Number is Not Acceptable) <b>2651 MICHAEL PLACE #104</b> City <b>DUNEDIN</b> FL Zip Code <b>34698</b>	
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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 ROBERT L. DESPIRT, (PRESIDENT) Robert L. Despirt DATE 4/24/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DESPIRT, ROBERT</b> <b>2651 MICHAEL PLACE #104</b> <b>DUNEDIN FL 34698</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DESPIRT, REBECCA</b> <b>2651 MICHAEL PLACE #104</b> <b>DUNEDIN FL 34698</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert L. Despirt **ROBERT L. DESPIRT** DATE 4/24/00 (127) 234-8612  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)