

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90144 028 ***150.00

DOCUMENT # P01000014093

1. Entity Name
DAVAG EQUIPMENT LEASING OF PINELLAS, INC.

Principal Place of Business Mailing Address
25400 US HIGHWAY 19 N **25400 US HIGHWAY 19 N**
SUITE 176 **SUITE 176**
CLEARWATER FL 33763 **CLEARWATER FL 33763**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3694989		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				
	PINELLAS						

6. Name and Address of Current Registered Agent
DAVIRRO, MATTHEW J
25400 US HIGHWAY 19 N
SUITE 176
CLEARWATER FL 33763

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PRESIDENT	MATTHEW J. DAVIRRO		
	2285 NORWEGIAN DR. 1A/1A 39		
	CLEARWATER, FL. 33763		
V.P.	MATTHEW E. DAVIRRO		
	2285 NORWEGIAN DR. 1A/1A 39		
	CLEARWATER, FL. 33763		

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: *Matthew J. Davirro*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 05/29/02 Daytime Phone #: 727-499220

CR2E034 (8/01)