FILED

## '2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P94000078141 REPCO EQUIPMENT LEASING, INC. 04-03-2001 90010 025 \*\*\*158.75 Principal Place of Business Mailing Address 11603 SR 54 P.O. BOX 837 ODESSA FL 33556 ODESSA FL 33556 30000 US 2. Principal Place of Business 3. Mailing Address PINEILAS AVE 1200 S. a00 S. Pinelias Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #10 #10 City & State City & State 4. FEI Number 59-3276850 Applied For TARPON SPRINGS, ARPON SPRINGS. Fl Not Applicable Country PINEIIAS \$8.75 Additional 5. Certificate of Status Desired oineil as Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VR CEII RAYMOND E. PURCELL, RAYMOND E O. Box Number is Not Acceptable) S. FINELLES AVE 11603 SR 54 ODESSA FL 33556 SUITE #10 TARPON SPRINGS 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. 3R2E034 (10/00) TITLE ☐ Delete PURCEIL, RAYMOND E 1200 S PINEILAS AVE STE +10 PURCELL, RAYMOND E NAME NAME STREET ADDRESS 11603 SR 54 STREET ADDRESS TARPON SPRINGS, FI 34689 CITY-ST-ZIP ODESSA FL 33556 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-01

(121) 945-9771

Daytime Phone #