

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90192 005 \*\*\*158.75

**DOCUMENT #** P94000078141 ✓  
1. Entity Name  
REPCO EQUIPMENT LEASING INC

**DO NOT WRITE IN THIS SPACE**

**653796**

2. Principal Place of Business  
1200 S PINELLAS AVE  
Suite, Apt. #, etc.  
SUITE 10  
City & State  
TARPON SPRINGS FL  
Zip  
34689 Country  
PINELLAS

3. Mailing Address  
Same  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
59-3281891  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
PURCELL, RAYMOND E  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S PINELLAS AVE SUITE 10  
City  
TARPON SPRINGS **FL** Zip Code  
34689

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) **January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>PURCELL, RAYMOND E</u> <u>1200 S PINELLAS AVE #10</u> <u>TARPON SPRINGS FL 34689</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raymond E Purcell pro  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 7727-785-6567  
Date Daytime Phone #

CR2E034B (12/01)