FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90953 043 ***158.75

DOCUMENT	#P94000078141
1. Entity Name	1 11000010171

REPCO	D EQUIPMENT LEAS	SING, INC						
	DO NOT WRIT	TE IN THIS	SPAC	E:				
Principal Place of Business 1550 STARKEY ROAD 3. Mailing Address SAME								
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat LARGO,		City & State	City & State		4. FEI Number 59-3281891 Applied For Not Applied For		Applied For Not Applicable	
Zip 33771	Country PINELLAS	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
	Employee and page 1	A STATE OF BUILDING			7. Name and Address of Current Registered Agent			
	DO NOT	MOITE	Selection of the select		ELL, RAYMOND E			
DO NOT WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)				
				1550 STARKEY ROAD				
Section Control of the Control of th				City LARGO FL Zip Code 33771				
SIGNATURE	tions of registered agent. Signature, typed or printed name of registered a			1 Agent signature required	ed agent, or both, in the State of Flori	ida. I am fai	miliar with, and accept	
Māke Check	After May 1 Fee Is \$550.00 Amended UBR is \$61.25 Payable to Florida Departmen	of State	,		Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS A	ND DIRECTORS	新教			774E	APPROXICE TO SECURITION AND	
TITLE NAME	PURCELL, RAYMOND	E ,	TITLE	新。\$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$ \$P\$	emprey agency services of		6	
STREET ADDRESS	1550 STARKEY ROAD		383526	T ADDRESS				
CITY-ST-ZIP	LARGO, FL 33771		使用流流性	ST-ZIP			<u> </u>	
TITLE NAME			# TITLE	S. P. S. P. L. T.		ASSESSED OF		
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STREET ADDRESS			STREE	I ACORESS			72 74 77 ME 2 2 2 7 1	

CITY-ST-7/2 ---12.—I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 10 or on an attachment with an address, with all other like empowered.

CHY-ST-ZIP TITLE NAME

STREET ADORESS

CHY-ST-ZIP 🖖 TITLE NAME

STREET ADDRESS

SIGNATURE: S

CITY-ST-ZIP

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TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

> 16ag SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PFFICER OR DIRECTOR

2/25/03

727-584-3329

Daytme Phone #