

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90175 004 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000092143

1. Entity Name
DEMCO EQUIPMENT, INC.



Principal Place of Business
 P.O. BOX 212
 VALRICO, FL 33595-0212

Mailing Address
 P.O. BOX 212
 VALRICO, FL 33595-0212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0877220

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMPSEY, KEITH C
 2910 STERNS RD.
 VALRICO, FL 33694**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Keith Dempsey **Keith Dempsey**

4-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when amending)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	DEMPSEY, KEITH C	
STREET ADDRESS	P.O. BOX 212	
CITY-ST-ZIP	VALRICO, FL 335950212	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	DEMPSEY, TERRI L	
STREET ADDRESS	P.O. BOX 212	
CITY-ST-ZIP	VALRICO, FL 335950212	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Keith Dempsey **Keith Dempsey**

4-28-03

(813-681-1200)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)