

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K87509

1. Entity Name

MARSTEN/THG MODULAR LEASING CORPORATION

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 006 ***158.75

Principal Place of Business

Mailing Address

4020 50TH STREET SOUTH
TAMPA FL 33619-3728
US

4020 50TH STREET SOUTH
TAMPA FL 33619-6728
US

2. Principal Place of Business

801 Douglas Ave.

3. Mailing Address

801 Douglas Ave.

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

4. FEI Number

65-0122539

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

WEBER, THOMAS
2137 JACKSONVILLE ST.
FT. MYERS FL 33916

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	WALEWSKI, ALEXANDRE	
STREET ADDRESS	4020 50TH STREET SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEBER, THOMAS	
STREET ADDRESS	2137 JACKSONVILLE STREET	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JACKSON, E. RAY	
STREET ADDRESS	4020 50TH STREET SOUTH	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALEWSKI, FABRICE	
STREET ADDRESS	4020 50TH STREET S	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALEWSKI, RAPHAEL	
STREET ADDRESS	4020 50TH STREET S	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	POSTEL-VINAY, ANTOINE	
STREET ADDRESS	4020 50TH STREET S	
CITY-ST-ZIP	TAMPA FL 33619	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean-Charles Faust	
STREET ADDRESS	2744 Summerdale Dr. N.	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

3. 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

EDWARD, RAY JACKSON

3/17/00

Date

407-774-5551

Daytime Phone #

CR2E034 (9/99)