

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90050 049 ***158.75

DOCUMENT # K87509

1. Entity Name

MARSTEN/THG MODULAR LEASING CORPORATION

Principal Place of Business

**801 DOUGLAS AVE
STE 207
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**801 DOUGLAS AVE
STE 207
ALTAMONTE SPRINGS FL 32714
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2002 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 ☐ Delete
NAME **PD**
STREET ADDRESS **WALEWSKI, ALEXANDRE**
CITY-ST-ZIP **CH-1936 VERBIER
CHEMIN DES VERNES, SWITZ.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **WEBER, THOMAS**
CITY-ST-ZIP **2137 JACKSONVILLE STREET
FT. MYERS FL 33916**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **JACKSON, E. RAY**
CITY-ST-ZIP **801 DOUGLAS AVENUE SUITE 207
ALTAMONTE SPRINGS FL 32714**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2240 Belvoir Road, Suite 190**
CITY-ST-ZIP **Clearwater, FL 33764**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALEWSKI, FABRICE**
CITY-ST-ZIP **TOUR ARAGO 5 RUE BELLINI
PUTEUX LA DEFENSE, FRANCE 92800**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WALEWSKI, RAPHAEL**
CITY-ST-ZIP **TOUR ARAGO 5 RUE BELLINI
PUTEUX LA DEFENSE, FRANCE 92800**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FAUST, JEAN C**
CITY-ST-ZIP **2744 SUMMERDALE DR N
CLEARWATER FL 33761**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

Edward Ray Jackson Director 3/21/02 727-530-0036

CR2E034 (9/01)