

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90128 049 \*\*\*158.75

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**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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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 **PD** ☐ Delete  
NAME **WALEWSKI, ALEXANDRE**  
STREET ADDRESS **CH-1936 VERBIER**  
CITY-ST-ZIP **CHEMIN DES VERNES, SWITZ.**

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

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

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

TITLE **STD** ☐ Delete  
NAME **JACKSON, E. RAY**  
STREET ADDRESS **2240 BELLEAIR ROAD, SUITE 190**  
CITY-ST-ZIP **CLEARWATER FL 33764**

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

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

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

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

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

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

TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas Weber, Vice Pres: 3/31/03 407-774-5551**

Date

Daytime Phone #

CR2E034 (10/02)