

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90311 001 ***110.00

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1. Entity Name
PREMIER MODULAR LEASING, L.C.



Principal Place of Business
**387 TAFT-VINELAND ROAD
ORLANDO FL 32824**

Mailing Address
**387 TAFT-VINELAND ROAD
ORLANDO FL 32824**

2. Principal Place of Business
203 E. Taft-Vineland Rd

3. Mailing Address
← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

4. FEI Number **59-3595295**

Applied For
Not Applicable

Zip Country
32824 Orange

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARBONNEAU, DAVID
387 TAFT-VINELAND ROAD - 203 E. Taft-Vineland Rd
ORLANDO FL 32824

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 David Charbonneau

7-7-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

\$10.00

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **DAVID CHARBONNEAU**
STREET ADDRESS **387 TAFT-VINELAND ROAD 203 E. Taft-Vineland Rd**
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

7-7-03

407-888-2022

Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083 (4/03)