

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91240 049 ***150.00

DOCUMENT # P31955

1. Entity Name

SPACE MASTER INTERNATIONAL, INC.

(NC) LW

DO NOT WRITE IN THIS SPACE

B0108602

2. Principal Place of Business

8211 TOWN CENTER DR.

3. Mailing Address

P.O. Box 986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BALTIMORE MD

City & State
Baltimore, MD

4. FEI Number
94-1654805

Applied For
Not Applicable

Zip
21236

Country
Baltimore

Zip
21203

Country
Baltimore

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

City
Plantation FL Zip Code
33324

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Holthaus, Gerard E.
3129 Blenden Rd.
Owings Mills, MD 21117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Treasurer
Keefe, Gerard E.
2 Seaberry Ct.
Timonium, MD 21093

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary
Ross, John B.
13619 Alliston Dr.
Baldwin, MD 21013

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Asst. Treasurer
Pape, Mark G.
1528 Cottage Lane
Baltimore, MD 21286

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark G. Pape

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 *410-933-5926*
Date Daytime Phone #