

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90247 030 \*\*\*150.00

**DOCUMENT # P31955**

**1. Entity Name**  
**SPACE MASTER INTERNATIONAL, INC.**



**Principal Place of Business**  
**8211 TOWN CENTER DRIVE**  
**BALTIMORE MD 21236**

**Mailing Address**  
**PO BOX 986**  
**BALTIMORE MD 21203**

**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 94-1654805**

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**

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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** **P** ☐ Delete  
**NAME** **HOLTHAUS, GERARD E**  
**STREET ADDRESS** **3129 BLENDON RD.**  
**CITY-ST-ZIP** **OWINGS MILLS MD 21117**

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

**TITLE** **T** ☒ Delete  
**NAME** **KEEFE, GERARD E**  
**STREET ADDRESS** **2 SEABERRY COURT**  
**CITY-ST-ZIP** **TIMONIUM MD 21093**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **JOHN C. CANTLIN**  
**STREET ADDRESS** **19 LINCOLN WOODS WAY, APT. 3**  
**CITY-ST-ZIP** **PERRY HALL, MD 21128**

**TITLE** **S** ☐ Delete  
**NAME** **ROSS, JOHN B**  
**STREET ADDRESS** **13619 ALLISTON DRIVE**  
**CITY-ST-ZIP** **BALDWIN MD 21013**

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

**TITLE** **AT** ☐ Delete  
**NAME** **PAPE, MARK**  
**STREET ADDRESS** **1528 COTTAGE LANE**  
**CITY-ST-ZIP** **BALTIMORE MD 21286**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**3/14/03**  
Date

**410-933-5926**  
Daytime Phone #

CR2E034 (10/02)