FILED
Jun 07, 2004 8:00 am
Secretary of State
05-17-2004 90015 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P02000018902

1. Entity Name: AJAX TOTAL PACKAGE DETAILING & FLEET SERVICE, INC

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66426891

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2. Principal Place of Business: 535 NW 23RD AVE.	3. Mailing Address: P.O BOX 8852
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: Ft. LAUDERDALE FLA	City & State: Ft. LAUDERDALE FLA
Zip: 33311 Country: BROWARD	Zip: 33310 Country: BROWARD

4. FEI Number: 30-0100364 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: GORDON A CONE
Street Address (P.O. Box Number is Not Acceptable): 535 NW 23 RD AVE
City: Ft LAUDERDALE FL Zip Code: 33311

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: Gordon A Cone 4/17/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	PRESIDENT/SEC/TREAS/DIR
NAME	GORDON A CONE
STREET ADDRESS	535 NW 23 RD AVE
CITY-ST-ZIP	Ft LAUDERDALE FLA 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: Gordon A Cone 4/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #