

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

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90138 001 ***150.00

DOCUMENT # **P02000055234**

1. Entity Name
AJB ACE TRANSPORT, INC
P0200055234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4106 LAKESIDE DRIVE

3. Mailing Address
5079 N. Dixie Hwy
Suite, Apt. #, etc.
#167

City & State
Tamarae, Fla.

City & State
OAKLAND Park, Fla

4. FEI Number
03-0445760

Applied For
Not Applicable

Zip
33319

Country
BROWARD

Zip
33334

Country
BROWARD

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
Solomon D. Moore

Street Address (P.O. Box Number is Not Acceptable) _____

1201 SW 46th Way

City
Deerfield Beach

FL

Zip Code
33442

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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT STACY L. Brown 4106 LAKESIDE DR. Tamarae, Fla. 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-PRESIDENT Solomon D. Moore 1201 SW 46th Way Deerfield Beach, FL 33442
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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-24-03 954 486-1820

CR2E034B (12/02)