2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000018427

AJAX OFFICE FURNITURE, INC.

Principal Place of Business 22095 U.S. 19-MORTH CLEARWATER FL 34625

Mailing Address

22095 U.S. 19 NORTH CLEABWATER FL 34625

FILED Apr 23, 2001 8:00 am Secretary of State

04-23-2001 90233 049 ***150.00

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Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State City & State					4. FEI N	umber 59-3301748		Applied For Not Applicable		-	
-3376	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					1		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
				Name							
SKOLNICK, MARK											
22095 U.S. 19 NORTH 11681 U.S 1974				Street Address (P.O. Box Number is Not Acceptable)							
SKOLNICK, MARK 22095 U.S. 19 NORTH 11681 U.S. 19 N. CLEARWATER FL 34625 CLEARWAYER, F1. 3376								<u>_</u>	<u> </u>	1	
				City		Ę.	FL	Zip Coo	ie ı		
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 Mark Cally											
	Signature, typed or printed plane of registered agent at	nd title if applicable. (NOTE	; Registere	d Agent signature require	d when reinstatin	g)	DATE)	
9. This corporation is eliqible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00										1	
Tax filing requirement and elects to do so. After MAY 1, 2001					10.	 Election Campaign Finance Trust Fund Contribution. 	ing 🖂		0 May Be d to Fees	1	
(See criteria on back)			le to D	epartment of Sta	ate	Hust Fund Continbution.		Adde	u to rees	J	
11,	OFFICERS AND D	DIRECTORS	12.		ADDITIC	NS/CHANGES TO OFFICE	RS AND DIF	RECTOR	S IN 11	j _	
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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 empoyal red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR