19000041100

	
(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	j

Office Use Only



800040419788

08/31/04--01018--007 **70.00

OL AUG 31 AM 8:58

l's allow los.

TRANSMITTAL LETTER

	Amendment Section Division of Corporations
SUBJEC	CT: Bosco Custon Homes, Inc. (Name of Corporation)
DOCUM	MENT NUMBER:
The encl	losed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please re	eturn all correspondence concerning this matter to the following:
	Name of Person)
B	(Name of Firm/Company)
	141 B 5. 350 St (Address)
<u> 2</u> ø	cksonville Brack FC 32050 (City/State and Zip Code)
	ner information concerning this matter, please call:
	Days Bosco at (904) 241-0320 (Name of Person) at (Area Code & Daytime Telephone Number)
Enclosed	d is a check for \$35.00 made payable to the Florida Department of State.
Amendarion Division P.O. Box	Address: nent Section of Corporations x 6327 see, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

04 AUG 31 AM 8: 59

ALLAHASSEE, FLORIDA

I, William S. Pape hereby resign as Vice President director

of Bosco Chamber, Inc.

(Name of Corporation)

a corporation organized under the laws of the State of

Florida

Plane Death Rad 8-16-04

FILING FEE IS \$35.00

Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314