

FD1000000/316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

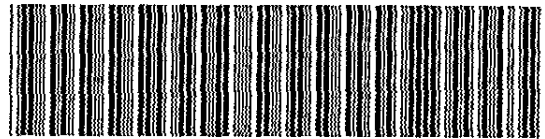
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400015307044

04/09/03--01089--002 \*\*140.00

FILED  
03 APR -9 PM 4:01  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RA/Res  
10 4/17/03

CT CORPORATION SYSTEM

March 31, 2003

DE: PRIMESHOT CORPORATION	(DE. DOM.)
PSYCHPARTNERS MID-ATLANTIC, INC.	(DE. DOM.)
U.S. JET, INC.	(VA. DOM.)
USA FLORAL PRODUCTS, INC.	(DE. DOM.)

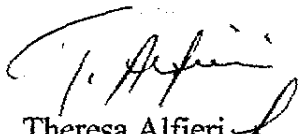
Secretary of State  
Corporate Records Bureau  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 1 checks in the amount of \$140.00 each to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

  
Theresa Alfieri  
Senior Supervisor &  
Assistant Secretary

TA/hm  
Enclosure

FILED  
03 APR -9 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

111 Eighth Avenue  
New York, NY 10011  
Tel. 212 894 8940  
Fax 212 590 9180

FILED  
03 APR -9 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM

(Name of registered agent)

PRIMESHOT CORPORATION (DE. DOM.)

(F01000001316)

hereby resigns as Registered Agent for

(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

C T CORPORATION SYSTEM - Theresa Alfieri

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

### Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

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

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314