

F020000000762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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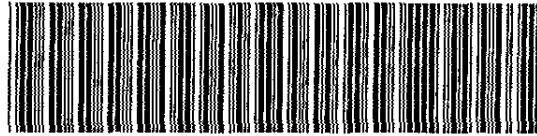
(Business Entity Name)

(Document Number)

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ALACHUA COUNTY, FLORIDA

O/O Resign  
mm  
2/16/04

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Integrated Capital, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kenneth M. Simon  
(Name of Person)

Flicker, Garelick & Associates  
(Name of Firm/Company)

318 East 53rd Street  
(Address)

New York, New York 10022  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth M. Simon at ( 212 ) 319-5240  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314


**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Sheila Cuccia, hereby resign as Officer/Director  
(Title)

of Integrated Capital, Inc.  
(Name of Corporation)

(Document Number, if known), a corporation organized under the laws of the State of  
Nevada

  
(Signature of resigning officer/director)  
Sheila Cuccia

**FILING FEE IS \$35.00**

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

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

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