

FO2000001617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: ACCIDENT PREVENTION PLUS, INC
(Name of Corporation)

DOCUMENT NUMBER: F02000001617

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

Please return all correspondence concerning this matter to the following:

STEVEN WAHRMAN
(Name of Person)

(Name of Firm/Company)

19891 Osco Court
(Address)

BOCA RATON, FL 33434
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN WAHRMAN at (561) 482-6333
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, STEVEN WAHRMAN, hereby resign as V-S-DIRECTOR
(Title)

of ACCIDENT PREVENTION Plus, Inc.
(Name of Corporation)

FD2000001617, a corporation organized under the laws of the State of
(Document Number, if known)

NEVADA.

Steven Wahrman, as V-S+Director
(Signature of resigning officer/director)

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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