

F030000003271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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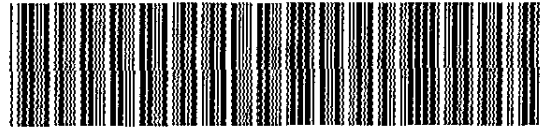
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** P.C. Factory Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F03 000003279

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

Please return all correspondence concerning this matter to the following:

ROBERTO PIZZICA  
(Name of Person)

P.C. FACTORY, INC.  
(Name of Firm/Company)

1409 NEW BRITAIN DR.  
(Address)

BRANDON, FLORIDA 33511  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO PIZZICA at ( 813 ) 363-3395  
(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

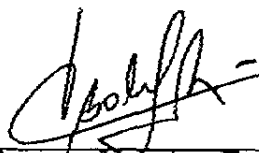
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CALIXTO BOLIVAR, hereby resign as CHAIRMAN.  
(Title)

of P. C. FACTORY, INC.  
(Name of Corporation)

F03000003279, a corporation organized under the laws of the State of  
(Document Number, if known)  
FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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