F18000001146

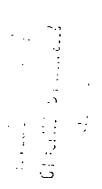
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

1. X.

TO: Amendment Section Division of Corporations	
Utility Data Contractors, Inc.	
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: F18000001146	
The enclosed withdrawal application and	I fee are submitted for filing.
Please return all correspondence concerning	ig this matter to the following:
Gail Chubb	
	(Name of Person)
UDC	
	(Firm/Company)
82 Inverness Drive East #A1	
	(Address)
Englewood, CO 80112	
(City/State and Zip code)
For further information concerning this ma	atter, please call:
Gail Chubb	720 336-5060 at ()
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	 □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Certificate of Status & Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Utility Data Contractors, Inc.

(Name of Corporation	on)	_
F18000001146		
(Document Number of Corporat	ion (if known)	_
Colorado		
(Incorporated Under Laws of and date authorized to tra	insact business/conduct its affairs)	_
This corporation is no longer transacting business or conductir voluntarily surrenders its authority to transact business or conductions.		and hereby
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proctime it was authorized to transact business or conduct affairs in	cess based on a cause of action arising	behalf and during the
The following is a current mailing address for the corporation:	:	:
82 Inverness Drive East #A1	·	- - -
(Mailing Address))	- ;
Englewood, CO 80112		_
(City/ State /Zip)	· · · · · · · · · · · · · · · · · · ·	
The corporation agrees to notify the Department of State in the	future of any change in its mailing ad	ldress.
Gail S. Mubb	11/7/2023	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Gail S. Chubb	CFO	
(Typed or printed name of person signing)	(Title of person signing)	

FILING FEE \$35

Name Withdrawn Affidavit

I HEREBY AFFIRM THAT I am the CFO and the duly authorized representative of Utility Data Contractors, Inc. and that I posses the legal authority to make the Affidavit on behalf of the organization for which I am acting.

I FURTHER AFFIRM THAT Utility Data Contractors, Inc., Florida ID #F18000001146, is withdrawing its company name as a foreign corporation operating in the state of Florida. The name can be released for other companies to use. We have no intention of using the name in the state of Florida in the future.

Gail S. Chubb, CFO

State of Colorado County of _Arapahoe	
Signed before me on November 7, 2	023
by <u>Gail S. Chubb</u>	(name(s) of individual(s) making
statement)	
Mulesister	_
(Notary's official signature)	
Hotary Public (Title of office)	CHRISTA LESTER Notary Public State of Colorado
4-13-2027	Notary ID # 20234014189 My Commission Expires 04-13-2027
(Commission Expiration)	



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 3, 2024

A for the second second

STEPHEN F. MARSHALL II II 2 ELM STREET WINDSOR LOCKS, CT 06096 US

SUBJECT: AHLSTROM-MUNKSJO USA INC

Ref. Number: F19000005629

We have received your document for AHLSTROM-MUNKSJO USA INC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jalesa S Dennis
Regulatory Specialist II Supervisor

Letter Number: 424A00002395





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are forms for a change of name, duration, or jurisdiction, for a foreign profit corporation qualified to do business in Florida as required by section 607.1504, Florida Statutes.

- Complete the appropriate application for amendment attached to this letter.
- An original certificate or a document of similar import from the state of incorporation evidencing the amendment must be submitted with the application. The certificate must be issued within the past 90 days.
- Fees for the amendment are:

Filing Fee \$ 35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$ 8.75 Certificate of Status (optional) \$ 8.75

- Send one check in the total amount made payable to the Florida Department of State.
- Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

For further information, you may call (850) 245-6050.

CR2E019A (1/20)