| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only

TRANSMITTAL LETTER

| Division of Corporations |
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| SUBJECT: Sign C or poration dba Sign Craft, Inc. (Name of Corporation) DOCUMENT NUMBER: F92 00000 503 FEI & 650342134 |
| DOCUMENT NUMBER: F92 00000 503 FEI \$ 650342134 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Linda M. Prusiecki (Name of Person) |
| Linda M. Prusiecki (Name of Person) SIGN CO CORPOLATION dba SIGN CRAFT. INC (Name of Firm/Company) 8355 Garden Road (Address) |
| 8355 Garden Road OF ST |
| Riviera Beach, FL 33414 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Person) at (56) 644-1779 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State. |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I, _ | Linda M. Prusiecki | , here | eby resign as_ | President (Ti | Treasurer (Title) | |
|------|-----------------------------|---------------|----------------|---------------------------------------|--|--|
| of_ | SIGNCO CORPORATOO | N dba | SIGN CR | AFT, INC. | | |
| _ | (Name of 0 | Corporation) | | · · · · · · · · · · · · · · · · · · · | ······································ | |
| | (Document Number, if known) | a corporation | organized un | der the laws of the | State of | |
| | Indiana | | | 11 . J | · · · · · · · · · · · · · · · · · · · | |

(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