

# H16202

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

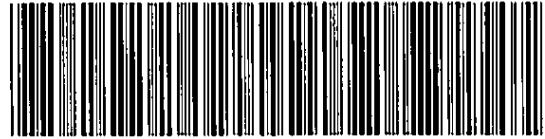
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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CLERK OF DISTRICT COURT

*OLD-Resign*

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BUILTRITE CABINETS, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** H16202

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**TOM THOMAS**

(Name of Person)

**BUILTRITE CABINETS, INC**

(Name of Firm/Company)

**438 HIGHWAY 40 EAST**

(Address)

**INGLIS, FL 34449**

(City/State and Zip Code)

For further information concerning this matter, please call:

**TOM THOMAS** at **352 447-2238**  
(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  
2661 Executive Center Circle  
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, KERRY E THOMAS, hereby resign as SECRETARY  
(Title)

of BUILTRITE CABINETS, INC.  
(Name of Corporation)

H16202, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

SECRETARY OF STATE

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**FILING FEE IS \$35.00**

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