524109

(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:

Office Use Only

RA/Bes



000015169960

04/03/03--01089--004 **140.00

FILED

03 APR -9 PM 4: 01

LITATE PLONDA

TAILLANASSEE, FLORIDA

CT CORPORATION SYSTEM

March 31, 2003

(DE. DOM.)
(ŌH. DOM.)
(IN. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are ______ checks in the amount of \$140.00__ each to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri & Senior Supervisor & Assistant Secretary

TA/hm Enclosure 3 APR -9 PM 4: 01

111 Eighth Avenue New York, NY 10011 Tel. 212 894 8940 Fax 212 590 9180

RESIGNATION OF REGISTERED AGENT

O3 RR -9 PM II: 01

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, C T CORPORATION SYSTEM
(Name of registered agent)
FLEET PRODUCTS, INC. (FL. DOM.) (J24109)
hereby resigns as Registered Agent for (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
ualbu.
(Signature of resigning agent)
If signing on behalf of an entity:
CT CORPORATION SYSTEM - Theresa Alfieri (Typed or Printed Name)
ASSISTANT SECRETARY
(Capacity)

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

CR2E046(9/98)