

# J81500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

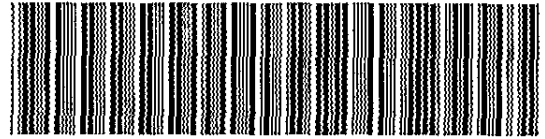
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Off Receipt  
T. Lewis 1/14/03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** William C Erickson, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** J81500

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

Please return all correspondence concerning this matter to the following:

William C Erickson  
(Name of Person)

William C Erickson Inc  
(Name of Firm/Company)

P O Box 10024  
(Address)

Naples, FL 34101  
(City/State and Zip Code)

For further information concerning this matter, please call:

William C Erickson at ( 239 ) 774-4225  
(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

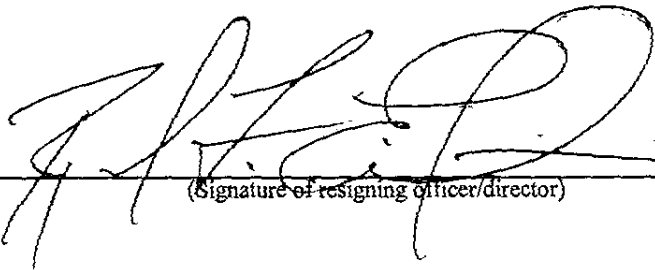
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

**FILED**  
03 JAN -6 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Raymond F Erickson, hereby resign as President/Director  
(Title)

of William C Erickson, Inc.  
(Name of Corporation)

J81500, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(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