## ND3000003076

(Requestor's Name)						
(Address)						
(Ad	ddress)					
(Cil	ty/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Bu	siness Entity Name)					
(Do	cument Number)					
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: CENTRAL FLORIDA YES, INC. (Name of Corporation)
DOCUMENT NUMBER: NO3 00 000 3076
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ms. Paua La Person)
CENTRAL FURIOR YES, INC. (Name of Firm/Company)
1301 WILDBERRY DR. (Address)
DELTONA, FL 32725 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 761-4448 (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

TO: Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FILED

04 JAN 20 PM 2:01

## TALLAHASSEE, FLORIDA

I, <u>/</u>	EORGE	E. GREC	3W	hereby resign a	s DIRECTO	R VICE-1	REDOUT
of	CENTRE	R FLORIDA	of Corporation	INC.			<b>7</b>
NO	3 00000 (Document Num	3016 ber, if known)	, a corporat	tion organized u	ınder the laws o	of the State of	
,	LORIDA						

**OFFICER / DIRECTOR RESIGNATION** 

FOR A CORPORATION

FILING FEE IS \$35.00

(Signature of esigning officer/director)

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

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