N9400000274

Requester's Name

AMY OATLEY
9991 53RD AVE N
ST PETERSBURG FL 33708-3603

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #) 5000052555450
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☐ Walk in ☐ Pick up time	Certified Copy
	Photocopy Certificate of Status
☐ Mail out ☐ Will wait	Photocopy — Certificate of Status
NEW FILINGS	AMENDMENTS
MEW FIDINGS	
Profit	Amendment 2
Not for Profit	Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
Limited Liability	☐ Change of Registered Agent ♣ ♣
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	Merger SZ
Other	
	REGISTRATION/QUALIFICATION Foreign
OTHER FILINGS	REGISTRATION/QUALIFICATION =
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Annual Report	Limited Partnership
☐ Fictitious Name	
	Reinstatement
	Trademark
	Other R. A. Resignation
	M. M. Marghattor
	Examiner's Initials A
	Pari San

CR2E031(7/97)

5-9-2002



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 16, 2002

AMY OATLEY 9991 53RD AVENUE N ST. PETERSBURG, FL 33708-3603

SUBJECT: HIV POSITIVE GUILT NEGATIVE INC.

Ref. Number: N94000000274

We have received your document for HIV POSITIVE GUILT NEGATIVE INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Corporate Specialist

Letter Number: 502A00022553

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DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT

2002 MAY -3 AM 11: 06

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, AMY OATLEY (Name of registered agent)
hereby resigns as Registered Agent for HIV POSITIVE GUILT NEGATIVE INC. (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.
Cura Perth
(Signature of resigning agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(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