

PD00000

40097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

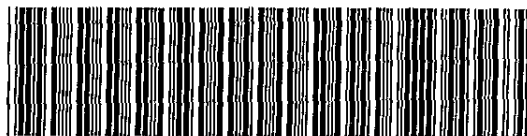
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BARRY ELIOTZ
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TALLAHASSEE, FLORIDA

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TRANSMITTED LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLOORMASTER WORKS, INC.
(Name of Person) (Name of Firm/Company)

DOCUMENT NUMBER: P000000000009T

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

BARRY ELIOVITZ
(Name of Person)

FLOORMASTER WORKS,
(Name of Firm/Company)

7040 W. PALMETTO RD #4-298
(Address)

BOCA RATON, FLORIDA 333
(City State and Zip Code)

For further information concerning this matter, please call

BARRY ELIOVITZ at 56 393-0625
(Name of Person) (Area) (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 32301

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CLERK OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, BARRY ELIOVITZ, do hereby resign as DIRECTOR/SECRETARY
(Title)

of FLOORMASTER WORK INC.
(Name of Corporation)

P0000004097, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.

B. Ellovitz
(Signature of Officer/Director)

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TALLAHASSEE, FLORIDA

FILING FEE \$5.00

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

Amendments
Division of Corporations
P.O. Box 1633
Tallahassee, Florida 32314