P0000000010919

JACKSONURLE, FL. 32205

City/State/Zip - ----

Phone #

Office Use Only

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

1(Corporation Name)	9000463 -10/16/01- *****35.0	185390 -01042002 90 ******35.00
2. (Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
4(Corporation Name) Walk in Pick up time Mail out Will wait NEW FILINGS	(Document #) Certified Copy Photocopy Certificate of State AMENDMENTS	SECRETAR DIVISION OF C
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	AMII: 43
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other Examiner's Initials	$\frac{1}{2}$

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

October 24, 2001

WILLIAM FILKINS 3221 HERSCHEL ST #1 JACKSONVILLE, FL 32205

SUBJECT: STORM PRO.NET, INC.

Ref. Number: P00000070919

We have received your document for STORM PRO.NET, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6050.

Irene Albritton Document Specialist

Letter Number: 401A00058442

0 | OCT 30 AM 9: 57 DIVISION OF CORPORATIONS

OFFICER / DIRECTOR RESIGNATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

I, WILLIAM A.FILKINS, hereby resign as VICE PRESIDENT (Title)
of STORM PRO. NET INC. # P00000070919 (Name of Corporation)
a corporation organized under the laws of the State of FLORIDIA
and affirm that the corporation has been notified in writing of the resignation.
(Signature of resigning officer/director)
PHONE: 904 384-06/1

FILING FEE IS \$35.00

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