

P00000080861

(Requestor's Name)

Certified Building Structures of FL, Inc.
P.O. Box 830
Lutz, FL 33558

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

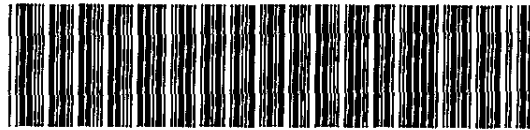
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400018829074

05/19/03--01049--010 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2003 MAY 23 AM 10:25

R. A. Resignation
LFT
5-28-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Certified Building Structures of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jay Porton

(Name of Person)

Certified Building Structures of Florida, Inc.

(Name of Firm/Company)

P.O. Box 630

(Address)

Lutz, FL 33558

(City/State and Zip Code)

For further information concerning this matter, please call:

Jay Porton

(Name of Person)

at (813) 9276004

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION 2003 MAY 23 AM 10: 25

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Joseph F. Adamik, III

(Name of Registered Agent)

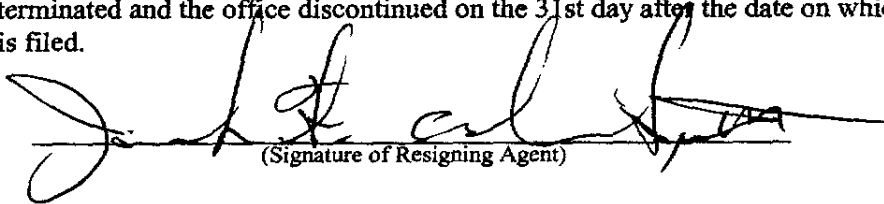
hereby resigns as Registered Agent for Certified Building Structures of Florida, Inc.

(Name of Corporation)

(Document Number, if known)

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.


(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/voluntarily dissolved/
withdrawn corporation

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