

P000000091895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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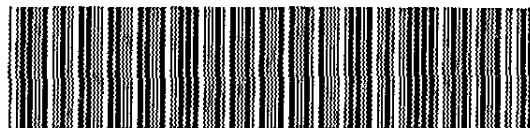
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

affirmation

T BROWN NOV 26 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A-1 CAB Company
(Name of Corporation)

DOCUMENT NUMBER: P00000091895

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna M Christison
(Name of Person)

A-1 CAB Co
(Name of Firm/Company)

Po Box 500421
(Address)

Macathon FL 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna M Christison at (305) 481-4705
(Name of Person) (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

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 22, 2003

DONNA M. CHRISTISON
A-1 CAB, INC.
P.O. BOX 500421
MARATHON, FL 33050

SUBJECT: A-1 CAB, INC.
Ref. Number: P00000091895

We have received your document for A-1 CAB, 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 603A00057479

PER YOUR INSTRUCTIONS, ENCLOSED IS THE CORRECTED DOCUMENT.

I MAY BE REACHED AT 305-289-6028 MON-FRI 8:30A TO 5:00P

THANK YOU

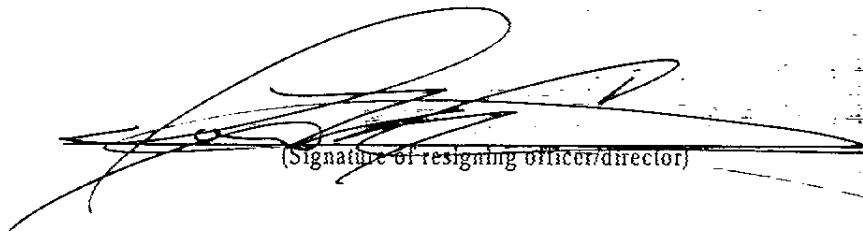
DONNA M. CHRISTISON

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, Donna M Christison, hereby resign as Director, & Secretary
(Title)

of A-1 CAB, Inc.
(Name of Corporation)

D000000091895, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

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

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