

PO1000022422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

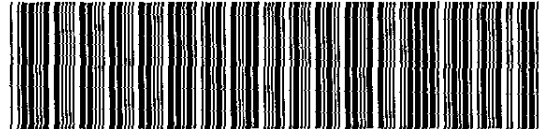
(Business Entity Name)

(Document Number)

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Resignation

officer

RECEIVED
02 OCT 30 PM 3:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
02 OCT 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/30/02

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEMINOLE SKYDIVING, INC.

(Name of corporation)

DOCUMENT NUMBER: P01000022422

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

M.D. PEAVY IV

(Name of person)

(Name of firm/company)

45 MONOCOUE CIRCLE

(Address)

PANACEA, FL 32346

(City/state and zip code)

For further information concerning this matter, please call:

M.D. PEAVY IV

(Name of person)

at (850) 984-0497

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the 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

FILED
02 OCT 30 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

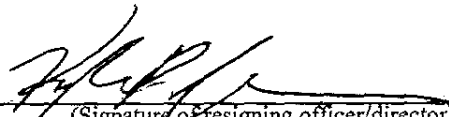
OFFICER / DIRECTOR RESIGNATION

I, KYLE R. JONES, hereby resign as P/C/D/S/T
(Title)

of SEMINOLE SKYDIVING, INC
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

 10/23/02
(Signature of resigning officer/director)

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