

P01000058015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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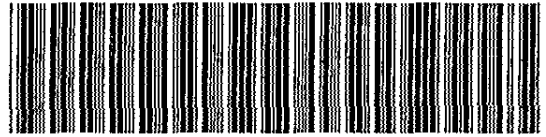
(Business Entity Name)

(Document Number)

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04 JAN -2 AM 9 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-8
No. 11/10/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alcohol and Substance Abuse Prevention Programs, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000058015

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

Heather McEnery

(Name of Person)

Alcohol and Substance Abuse Prevention Programs

(Name of Firm/Company)

4920 West Cypress Street, Suite 102

(Address)

Tampa FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather McEnery

(Name of Person)

at (813) 289-0445 ext. 232

(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

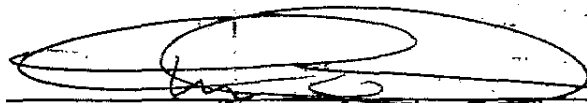
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 JAN -2 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Charles Pettyjohn, hereby resign as President (Title)
of Alcohol & Substance Abuse Prevention Programs, Inc.
(Name of Corporation)

P01000058015, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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