

PO1000079480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

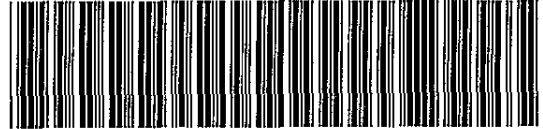
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800010949888

01/29/03--01004--002 **35.00

03 JAN 29 AM 10:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

PO1000079480
378 (A) Res
-29-03
m

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lawn Medics, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000079480

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

Please return all correspondence concerning this matter to the following:

Doug Watson
(Name of Person)

(Name of Firm/Company)

5710 Turkey Tree Ln.
(Address)

Plant City, FL. 33567
(City/State and Zip Code)

For further information concerning this matter, please call:

Doug Watson at (813) 643-1821
(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


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Doug Watson, hereby resign as President
(Title)

of Lawn Medics, Inc
(Name of Corporation)

PO1000079480, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILED
03 JAN 29 AM 10:37
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