

PO1000083637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

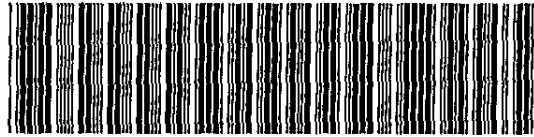
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

501432
3/7/05

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIGNPOINT, INC.
(Name of Corporation)

DOCUMENT NUMBER: P010000083637

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

Please return all correspondence concerning this matter to the following:

FRANK RAYMOND
(Name of Person)

SIGNPOINT, INC.
(Name of Firm/Company)

6104 STETSON ROAD
(Address)

JACKSONVILLE, FL 32217
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK RAYMOND at (904) 859-7446
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

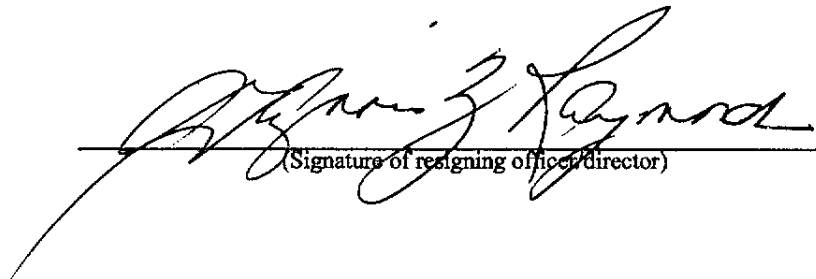
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Glenis Z. Raymond, hereby resign as Director
(Title)
of SignPoint, Inc.
(Name of Corporation)

_____, 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

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