

PO1000098483

(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



400140299424

01/12/09--01009--002 **35.00

FILED

09 JAN 12 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resign
Em
1/16/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John Bowman, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO1000098483

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

Please return all correspondence concerning this matter to the following:

Sheila Bowman
(Name of Person)

John Bowman, Inc
(Name of Firm/Company)

6001 Lee Ann Ln.
(Address)

Naples, FL 34109
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila Bowman at (239) 597-0912
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Sheila Bowman, hereby resign as Vice President
(Title)

of John Bowman Inc,
(Name of Corporation)

P01000098483, a corporation organized under the laws of the State of
(Document Number, if known)

Sheila Bowman
(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

FILED
09 JAN 12 AM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA