

PO1000112400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

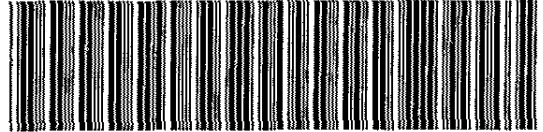
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per David Schottens
secretary... CK
to file due.. need
record showing
Resignation... 8/14/05

Office Use Only

DD/Res
① @ 8/14/05



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08/11/05--01029--017 **35.00

FILED

05 AUG 11 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accu-Rite Claims Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P01000112400

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

Please return all correspondence concerning this matter to the following:

David G. Scholtens
(Name of Person)

(Name of Firm/Company)

5080 Chaves Circle
(Address)

Port Charlotte, FL 33948
(City/State and Zip Code)

For further information concerning this matter, please call:

David G. Scholtens at (941) 629-9133
(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, David G. Scholtens, hereby resign as Vice President
(Title)

of Accu-Rite Claims Services, Inc.
(Name of Corporation)

P01000112400, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA