P01000115704

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	tatus	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

SUBJECT: ACCURATE SECURITY, INC
(Name of Corporation)
DOCUMENT NUMBER: P01000115704
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
THOMAS CHRIST
(Name of Person)
ACCURATE SECURITY, INC
(Name of Firm/Company)
1657 N.E. 35TH ST.
(Address)
OAKLAND PARK, FL 33334
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (964) USY 5 400 (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
409 E. Gaines Street
Tallahassee, FL 32399

Amendment Section Division of Corporations

TO:

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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, HOWARD SERVICE	, hereby resign as DIRECTOR	
***	(Title)	
of ACCURATE SECURITY, INC		
(Name of Corpo	ration)	
P01000115704 , a cor (Document Number, if known)	poration organized under the laws of the State of	
FLORIDA		
JOW Ton J (Signature	of Visigning 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