

PO1000120748

SECRETARY OF STATE  
DIVISION OF PUBLIC AFFAIRS  
03 JAN -2 PM 3:32

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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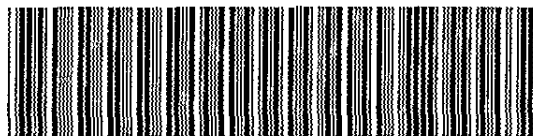
(Business Entity Name)

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V SHEPARD JAN 10 2003

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOME REMEDIES OF LAKELAND, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P01000120748

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

Please return all correspondence concerning this matter to the following:

James Barber  
(Name of Person)

Home Remedies of Lakeland, Inc.  
(Name of Firm/Company)

2625 Royal Dr  
(Address)

Lakeland, FL 33801  
(City/State and Zip Code)

For further information concerning this matter, please call:

James Barber at (803) 581-9644  
(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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JAN -2 PM 3:32

I, Mary M. Hicks, hereby resign as Sec/Treas  
(Title)

of Home Remedies of Lakeland, Inc.  
(Name of Corporation)

PD1000120748, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

Mary M. Hicks  
(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