

P02000011715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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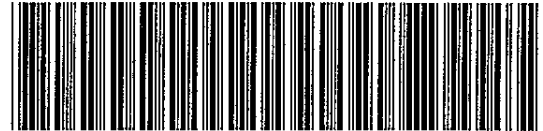
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Absolute Pay Trust, Inc. Removal
(Name of Corporation)

DOCUMENT NUMBER: P02000011715

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

Please return all correspondence concerning this matter to the following:

Lawrence T. Hudson
(Name of Person)

Absolute Pay Trust, Inc.
(Name of Firm/Company)

3800 S. Tamiami Trail #303
(Address)

Sarasota, FL 34239
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew W. Tennison at (941) 365-8123
(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, Lawrence T. Hudson, hereby resign as Vice President
(Title)

of Absolute Pay Trust, Inc.
(Name of Corporation)

P02000011715, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Lawrence T. Hudson
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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