

PO2000016957

(Requestor's Name)

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(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BEST MOVE, INC.  
(Name of Corporation)

DOCUMENT NUMBER: PO2000016957

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

BETTY JANE PETRONELLA  
(Name of Person)

BEST MOVE, INC  
(Name of Firm/Company)

PO BOX #8090  
(Address)

PORT ST. LUCIE, FL 34985  
(City/State and Zip Code)

For further information concerning this matter, please call:

BETTY JANE PETRONELLA at (772) 340-2474 OR CELL <sup>772</sup> 785-8095  
(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, BETTY JANE PETRONELLA, hereby resign as PSTD \_\_\_\_\_  
(Title)

of BEST MOVE, INC \_\_\_\_\_  
(Name of Corporation)

PO2000016957 \_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA \_\_\_\_\_

Betty Jane Petronella \_\_\_\_\_  
(Signature of resigning officer/director)

04 JAN 20 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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