

PO2000016957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

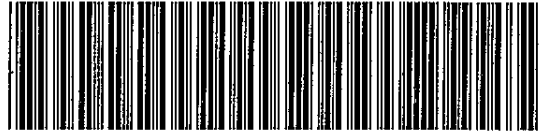
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SECRETARY OF STATE
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TRANSMITTAL LETTER

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 ⁷⁷² 785-8095
(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

FILED

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