P0200018233

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions Rol	Ailing Officer	GAV.	
AUTHORIZATION BY PHONE TO E THE IT - CAL POYATE Name			
CATE	-8-03		
ME WAM DO			

Office Use Only



500009644085

12/26/02--01018--011 **35.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

7007 DEC 26 PM 4: 47

0/1) Resign 1/8/03 De

Thomas E. Farr

191 Bayberry Place
Jupiter, Florida 33458
1-561-748-7858 1-561-748-0554 Fax

December 23, 2002

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Attached please find the completed Officer/Director Resignation For a Corporation form stating my intent to resign from the position of VD (don't know the meaning of these letters) from the following Florida Corporation.

TriComm Merchant Services, Inc. 1025 Sunshine Lane Altamonte Springs, FL 32714 Document # P02000018233

Please remove my name immediately from the roles of this company.

Also enclosed is my check number 217 in the amount of \$35.00 which represents the filing fee for this document.

Regards,

Thomas E. Farr

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: TriComm Merchant	Service, Inc.
SCHOLCI.	(Name of Corporation)
DOCUMENT NUMBER: P02	000018233
The enclosed Officer/Director Resi	gnation for a Corporation and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Thomas E. Farr	
(Name of Pers	son)
	<u> </u>
(Name of Firm/Co	ompany)
191 Bayberry Place	ا المحمدي المحمد <u>ب</u> يانية
(Address)	
Jupiter, FL 33458	
(City/State and Zi	p Code)
For further information concerning	this matter, please call:
Thomas E. Farr	at (561) 748-7858 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 mad	le 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

TO: Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Thomas E. Farr	hereby resign	as_Vice President / Director
~ · · · · · · · · · · · · · · · · · · ·		(Title)
of TriComm Merchant Service	es, Inc.	·
(Nar	ne of Corporation)	
P02000018233	a cornoration organize	d under the laws of the State of
(Document Number, if known)		
Florida		

(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 2002 DEC 26 PH 4: 47

SECRETARY OF STATE OIVISION OF CORPORATIONS