

P02 000026664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

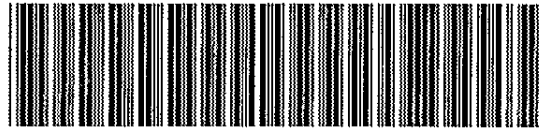
(Business Entity Name)

(Document Number)

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O/D Resign.

11/18/02

DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANTAMARIA TRUCK REPAIR CO
(Name of corporation)

DOCUMENT NUMBER: P02000026664

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAQUIN JOSEEL BELL
(Name of person)

SANTAMARIA TRUCK REPAIR CO
(Name of firm/company)

5204 MAIN PLEASANT RD
(Address)

GROVELAND, FL 34736-2050
(City/state and zip code)

For further information concerning this matter, please call:

MIGUEL MUNOZ - at (352) 854 0992
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the 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

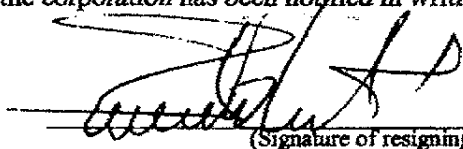
OFFICER / DIRECTOR RESIGNATION

I, ROMULO CUTIVA, hereby resign as VICEPRESIDENT
(Title)

of SANTAMARIA TRUCK REPAIR CO.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

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FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**