

P02000031984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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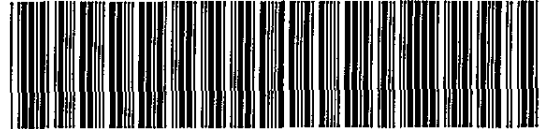
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1-21-03

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SPIRIT TITLE & ESCROW, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000031984

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

Please return all correspondence concerning this matter to the following:

DOUGLAS J. BONATE

(Name of Person)

SPIRIT TITLE & ESCROW, INC.

(Name of Firm/Company)

9000 W. SHERIDAN STREET, SUITE 97

(Address)

PEMBROKE PINES, FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

BRAD P. SCOBAY

(Name of Person)

at ( 954 ) 862-2210

(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, DOUGLAS J. BONATE, hereby resign as TREASURER  
(Title)

of SPIRIT TITLE & ESCROW, INC.  
(Name of Corporation)

P0200031984, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, 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