

P02000036077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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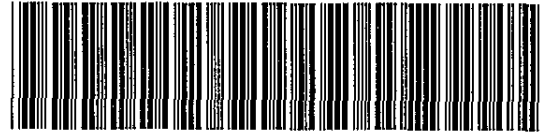
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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10-20-03  
01043 AM

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COMMUNICATIONS RESOURCE MGMT. CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P0200036077

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

Please return all correspondence concerning this matter to the following:

ELLIOT B. WILLIAMS JR.  
(Name of Person)

COMMUNICATIONS RESOURCE MANAGEMENT CORP  
(Name of Firm/Company)

8892 LIVINGSTON WAY  
(Address)

BOYNTON BCH. FLORIDA 33437  
(City/State and Zip Code)

For further information concerning this matter, please call:

ELLIOTT B. WILLIAMS at ( 561 ) 734-7000  
(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, Elliot B. Williams Jr, hereby resign as ST  
(Title)

of COMMUNICATIONS RESOURCE MGMT. CORP  
(Name of Corporation)

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

FLORIDA

Elliot B. Williams Jr  
(Signature of resigning officer/director)

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03 OCT 20 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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