

P02000046325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOHN ARTHUR ANDERSON, P.A.
(Name of Corporation)

DOCUMENT NUMBER: P02000046325

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

Please return all correspondence concerning this matter to the following:

DR. JOHN ANDERSON
(Name of Person)

DAYTONA VENTURE CENTER
(Name of Firm/Company)

1516 SOUTH NOVA ROAD
(Address)

DAYTONA BEACH, FL 32114
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. JOHN ANDERSON at (386) 258-6964
(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

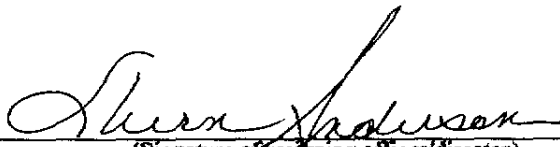
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SHERON ANDERSON, hereby resign as VP
(Title)

of JOHN ARTHUR ANDERSON, P.A.
(Name of Corporation)

P.O. 2000046325, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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