

P020000048130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

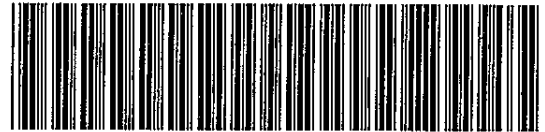
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Officer Resignation

T BROWN SEP 15 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Naples Workroom, Inc
(Name of Corporation)

DOCUMENT NUMBER: P02000048130

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

Please return all correspondence concerning this matter to the following:

Scott Lockhart
(Name of Person)

(Name of Firm/Company)

6017 Pine Ridge Rd #263
(Address)

Naples FL 34119.
(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT Lockhart at (239) 430-1395
(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**

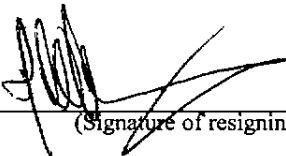
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, JOHN WILLIAMS, hereby resign as PRESIDENT
(Title)

of NAPLES WORKROOM, INC.
(Name of Corporation)

PO2000048130, a corporation organized 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