

P020000049600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

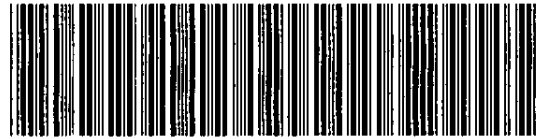
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500166328095

*Resignation
to officer*

01/21/10--01019--019 **35.00

2010 JAN 21 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*RR
1/22/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tim Ward, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000049600

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

Please return all correspondence concerning this matter to the following:

Tim Ward, President

(Name of Person)

Tim Ward, Inc.

(Name of Firm/Company)

8705 Scrimshaw Dr.

(Address)

New Port Richey, FL 34653

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Ward

(Name of Person)

at (727) 207-8244

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

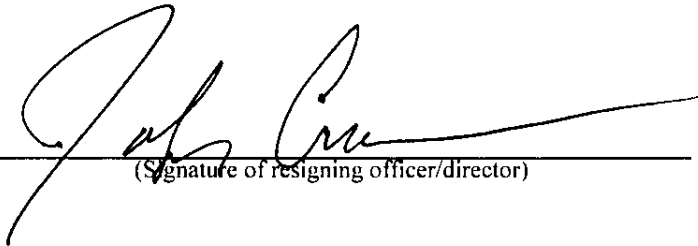
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2010 JAN 21 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Joao Cavaco, hereby resign as Secretary
(Title)

of Tim Ward, Inc.
(Name of Corporation)

P02000049600, 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