

Pa2000049600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

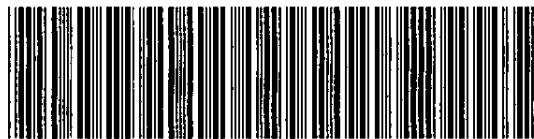
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500166328095

Resignation  
as Officer

01/21/10--01019--019    \*\*35.00

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

Bob  
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:

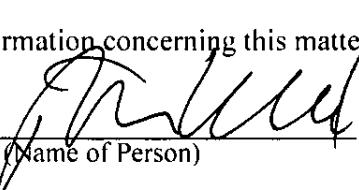
Tim Ward, President  
(Name of Person)

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**

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



John C. Currin

**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