

P02000063086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

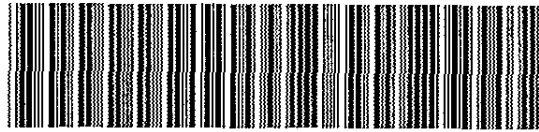
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400009517374

12/20/02--01030--002 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 DEC 20 PM 2:37

*Officer Resignation*  
*LFS*  
*1-6-2003*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 2 FEMS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** UNKNOWN

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

LISA M. WINNE  
(Name of Person)

2 FEMS, INC.  
(Name of Firm/Company)

325 CALUSA ST  
(Address)

KEY LARGO, FL 33037  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA M WINNE at (305) 453-1460  
(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2002 DEC 20 PM 2: 37

I, LISA M. WINNE, hereby resign as VICE PRESIDENT  
(Title)

of 2 FEMS, INC.  
(Name of Corporation)

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

FLORIDA

Lisa M. Winne  
(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