

PD20000078690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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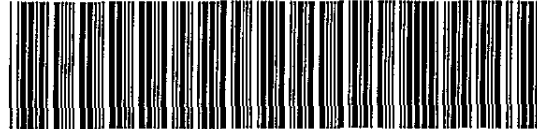
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN FEB - 5 2004

Officer Resignation

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CUTS BY BOB, INC. _____
(Name of Corporation)

DOCUMENT NUMBER: P02000078690 _____

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

Please return all correspondence concerning this matter to the following:

ROBERT BIERLEY _____
(Name of Person)

CUTS BY BOB, INC. _____
(Name of Firm/Company)

710 UPLAND CT _____
(Address)

DELTONA, FL 32725 _____
(City/State and Zip Code)

For further information concerning this matter, please call:

AMANDA BIERLEY _____ at (386) 860-0607
(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

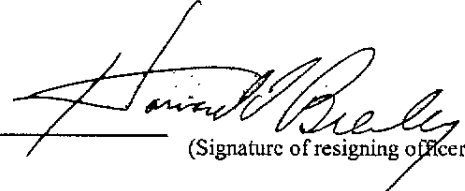
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
04 JAN 30 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, HOWARD BIERLEY, hereby resign as PRESIDENT
(Title)

of CUTS BY BOB, INC.
(Name of Corporation)

P02000078690
(Document Number, if known) a corporation organized under the laws of the State of
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