## P02000080271

•						
(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:						





800051802888

N4/27/05--01022--004 \*\*35.00



T.Smith MAY 04 ZWO

## TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Performance On Wheels, Inc. (Name of Corporation)
DOC	UMENT NUMBER: P02000080271
The e	nclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please	e return all correspondence concerning this matter to the following:
Bru	ce A. Renner
	(Name of Person)
Per	formance On Wheels, Inc. (Name of Firm/Company)
520	5 N. Frontage Road(Address)
Lak	eland, FL 33810 (City/State and Zip Code)
For fu	urther information concerning this matter, please call:
<u>Br</u>	uce A. Renner at (863) 802-0032 (Name of Person) (Area Code & Daytime Telephone Number)
Enclo	sed is a check for \$35.00 made payable to the Florida Department of State.
Amen Divisi P.O. E	ng Address: dment Section on of Corporations Sox 6327 assee, FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

√ , ×

<u>.</u>	Bruce A.	Renner	, hereby resi	gnas <u>Vice</u>	President (Title)	<u> </u>	-
of	Perform	ance On Whee	ls, Inc.				
P0	200008027 (Document Nu	1 mber, if known)	a corporation organi:	zed under the la	aws of the State	of	
Fl	orida	<del></del>					
	5	Suce q	Signature of resigning office	ar/director)	SECRETARY OF TALLAMASSEE, FLO	05 APR 27 PH 1:1	ガーの

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314