

P2000084404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

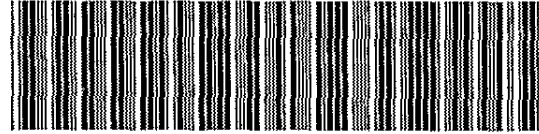
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAY POINTE TITLE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P02000084404

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

Please return all correspondence concerning this matter to the following:

DONNA WHITLOCK  
(Name of Person)

BAY POINTE TITLE INC  
(Name of Firm/Company)

314 CLEARVIEW AVE  
(Address)

TAMPA FL 33609  
(City/State and Zip Code)

For further information concerning this matter, please call:

DONNA WHITLOCK at ( 813 ) 288 0833  
(Name of Person) (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

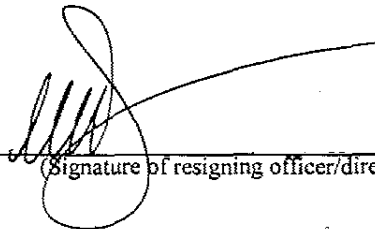
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, W. D. WHITLOCK, hereby resign as DIRECTOR  
(Title)

of BAY POINTE TITLE, INC.  
(Name of Corporation)

P02000084404 a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**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