

**PO20000084842**

Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

02 AUG 30 PM 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *Resignation*
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *By*
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) *Officer*
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

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 -08/30/02--01049--037  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials [Signature]

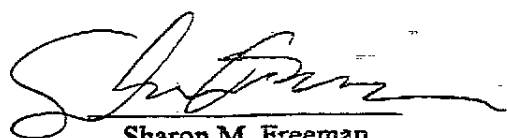
8/30/02

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**OFFICE / DIRECTOR RESIGNATION**

I Sharon M. Freeman Hereby resign as Vice President of The Brickhouse, Inc.  
a corporation organized under the laws of the State of Florida and affirm that the  
corporation has been notified in writing of the resignation.

**Dated at:** 1264 Malabar Road Palm Bay, Florida, this 28<sup>th</sup> day of August, 2002.



Sharon M. Freeman  
Officer/director