

PO2000090925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

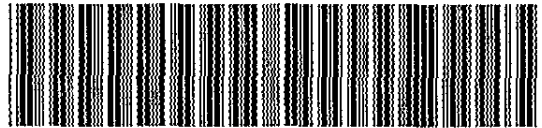
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700021830887

07/30/03--01067--001 **35.00

FILED
03 JUL 30 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O/D Resign.

JP
8/4/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stuccomen of Florida, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000090925

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

Please return all correspondence concerning this matter to the following:

Paul Morganti
(Name of Person)

Stuccomen of Florida, Inc.
(Name of Firm/Company)

4645 Fenton Way
(Address)

New Port Richey, FL 34652
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Morganti at (727) 514-4767
(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**

I, BARRY STUGRUE, hereby resign as vice president
(Title)
of Stuccomen of Florida, Inc.
(Name of Corporation)
P02000090925, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Barry Stugrue
(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

FILED
03 JUL 30 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA