

P03000001317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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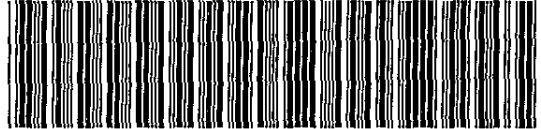
(Business Entity Name)

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TALLAHASSEE, FLORIDA

C. Ocullette SEP 05 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Automotive Crash Consultants, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P03000001317

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

Please return all correspondence concerning this matter to the following:

COBB JONES
(Name of Person)

Automotive Crash Consultants, Inc.
(Name of Firm/Company)

1714 N. Goldenrod Road #D-1
(Address)

Orlando FL 32807
(City/State and Zip Code)

For further information concerning this matter, please call:

COBB JONES at (407) 737-6545
(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, COBB JONES, hereby resign as SECRETARY
(Title)

of AUTOMOTIVE CRASH CONSULTANTS, INC.
(Name of Corporation)

P03000001317, 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