P03000010694

(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
L PICK-UP L WAIT
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800043162308

PILLED

OF DECIS AN IO: 55

SE Children of State

ALL Albert of Orbit

(1) 2 H1 (21H1 (41T) (482型)5

R.A. Resignation

T BROWN DEC 2 1 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLACK : WHITE CONSTRUCTION, INC.
(Name of Corporation)
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICHARD Houghtaling (Name of Person)
BLACK ! WhITE CONSTRUCTION (Name of Firm/Company)
3602 W. Oklahoma Av. (Address)
TAMPA, FL 33611 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (813) 267-9688 (Area Code & Daytime Telephone Number)
England is a shark made navable to the Floride Department of State for \$97.50 for an active cornerative

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, UBALDO LOYOLA (Name of Registered Agent)
hereby resigns as Registered Agent for BLACK: WHITE CONSTRUCTION, INCORPORATED (Name of Corporation)
P03000010694
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Voldo Joseph Ze
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/

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

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314