P03000019199

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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FILED

03 APR 14 PM 12: 24
SECRETARY OF STATE
SECRETARSSEE, FLORIDA

4/21/03 010 Res.

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Scovy, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>P0300019199</u>
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 Vanscovich
(Name of Person)
(Name of Firm/Company)
911 Shiloh Hill Drive (Address)
West Chester PA 19382 (City/State and Zip Code)
For further information concerning this matter, please call:
Paul Vanscovich at (1/0) 429-4562 (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

TO:

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

FILED

03 APR 14 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1, Paul B. Vanscovi	ch, hereby resign as Vice President/ aproxi
of Scovy, Inc.	ne of Corporation)
PO3000019 199 (Document Number, if known)	a corporation organized under the laws of the State of
Florida	· · · · · · · · · · · · · · · · · · ·

(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