

FD3000021234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

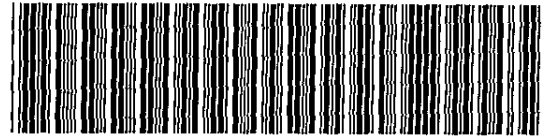
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Peter P. Kici  
advised to add  
(inc.) to Corp. Name  
And corp #, state to form.  
9/5/03 @

Office Use Only

CD/Rec  
@ 9/5/03



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08/29/03--01014--005 \*\*35.00

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: American Payment Reduction  
(Name of Corporation)

DOCUMENT NUMBER: 305 Resignation off/Die

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

Please return all correspondence concerning this matter to the following:

Peter Kici  
(Name of Person)

American Payment Reduction  
(Name of Firm/Company)

357. N. CROSSBEAM DR  
(Address)

CASS/BARRY FL 32707  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter Kici at (407) 625-9746  
(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

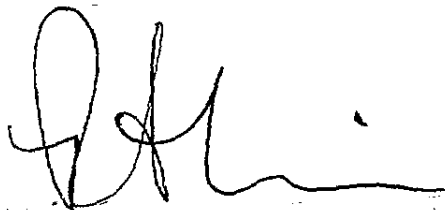
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Peter Kici, hereby resign as President  
(Title)

of American Payment Reduction, Inc  
(Name of Corporation)

PD3000021234, a corporation organized under the laws of the State of  
(Document Number, if known)

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

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TALLAHASSEE, FLORIDA