P03000021234

(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 (1a)

Office Use Only

CD/Rec
(1a) 9/5/03

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

FILED
03 AUG 29 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Payment Reduction
(Name of Corporation)

DOCUMENT NUMBER: 305 Resignation off/Dir

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)

Casselberry 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

CR2E044(11/02)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

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

of American Payment Reduction, In
(Name of Corporation)

P03000021234, 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