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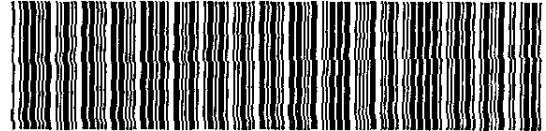
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## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: NATIONAL MARINE MEDICINES RESEARCH  
(Name of Corporation) Institute, Inc.

DOCUMENT NUMBER: PD3 0000 47032

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 D. BOND  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

20 LAUREL COVE  
(Address)

Greensboro, NC 27455-2495  
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter D. BOND at ( 336 ) 545-9968  
(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**

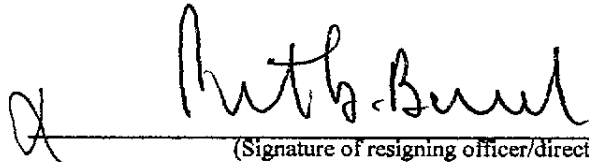
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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I, Peter D. BOND, hereby resign as Director  
(Title)

of NATIONAL MARINE Medicines Research Institute, Inc.  
(Name of Corporation)

P03000047032, 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