

P03000060742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

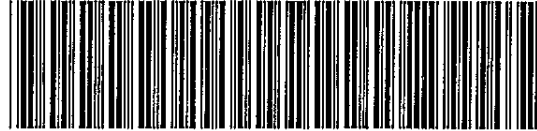
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O/D Resign.
3/5/04
DC

Department of State
Division of Corporations
Corporate Filing
P.O. Box 6327
Tallahassee, FL 32314

Please Handle the Resignation from 18-
Florida Corp. at \$35.00 Each.

Total \$630.00 Attached Check

Also, Handle the Resignation of Two Registered Agent
for \$87.50 Each

Total 175.00. Attached Check.

If you have any question please Contact me at 727-781-0400.
or address of 1471 Howell Blvd, Palm Harbor, FL. 34683

Notify me of completion of Task - Thank You

Philip J. Charn

OFFICER / DIRECTOR RESIGNATION

I, Phillip G. Chesson, hereby resign as P D
(Title)

of USHEALTHQUOTE.COM, INC. PO3000060742
(Name of Corporation)

a corporation organized under the laws of the State of Florida

and affirm that the corporation has been notified in writing of the resignation.

Phillip G. Chesson
(Signature of resigning officer/director)

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Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314