

P030000064609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

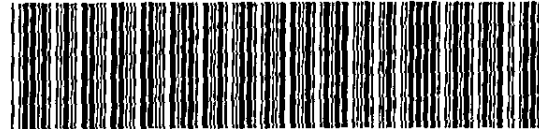
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05 JAN 24 PM 4:45
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SWIFTUSER INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000064609

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

Please return all correspondence concerning this matter to the following:

MAURIZIO NEGRI
(Name of Person)

SWIFTUSER INC.
(Name of Firm/Company)

13554 MALLARD CROSSING ST.
(Address)

ORLANDO, FL. 32837
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA NEGRI at (407) 888 9472
(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

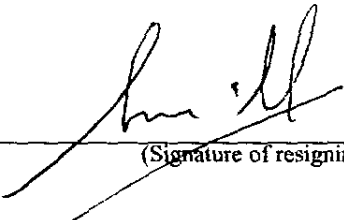
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05 JAN 24 PM 4:45
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAURIZIO NEGRI, hereby resign as DIRECTOR
(Title)

of SWIFTUSER, INC.
(Name of Corporation)

P03000064609, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA


(Signature of resigning officer/director)

FILED
05 JUN 24 PM 4:45
TALLAHASSEE, FLORIDA

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