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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JKPB Financial Corp.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JON KOCHA
(Name of Person)

JKPB Financial Corp.
(Name of Firm/Company)

489 SW Pont St. Lucie Blvd
(Address)

Pont St. Lucie FL 34983
(City/State and Zip Code)

For further information concerning this matter, please call:

JON KOCHA at (561) 624-0361
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

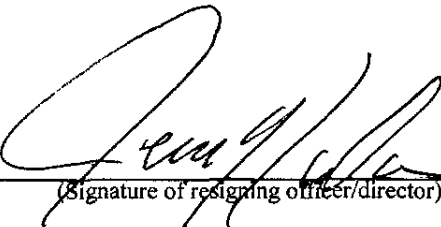
Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JON KOCHA, hereby resign as V. President/Director
(Title)
of JILPB INSURANCE Corp.
(Name of Corporation)

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


(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