

P03000065711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

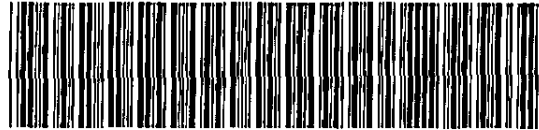
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

9/21/05
D.L.O.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dream Builders Pool & Spa, Inc.
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following

Heather Paxton
(Name of Person)

Dream Builders Pool & Spa, Inc.
(Name of Firm/Company)

911 NE 10th St
(Address)

Cape Coral FL 33909
(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Paxton at 839 574-1800
(Name of Person) (Area Code & Daytime Phone 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
05 SEP 15 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Traci Jackowicz, hereby resign as Treasurer
(Title)
of Dream Builders Pool+Spa, Inc.
(Name of Corporation)
PO3000065711, a corporation organized under the laws of the State of
(Document Number, if known)
Florida

Traci Jackowicz
(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