

PO3000082721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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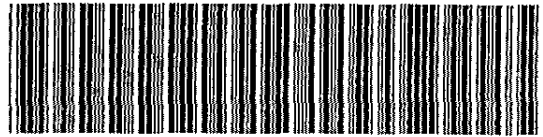
(Business Entity Name)

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05 JAN 28 PM 12:16

CLERK OF STATE
TALLAHASSEE, FLORIDA

01/28/05--01023--005 **35.00

P3 2/1/05
o/p lcs.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALTERNATIVE HEALTH PRODUCTS, INC
(Name of Corporation)

DOCUMENT NUMBER: P03000082721

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

Please return all correspondence concerning this matter to the following:

MARK WILLIAMSON
(Name of Person)

ALTERNATIVE HEALTH PRODUCTS, INC.
(Name of Firm/Company)

4846 N. UNIVERSITY DR # 288
(Address)

LAUDERHILL, FL 33351
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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

05 JAN 28 PM 12:16
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

I, ROBERT IRVINE, hereby resign as PRESIDENT/DIRECTOR
(Title)

of ALTERNATIVE HEALTH PRODUCTS, INC.
(Name of Corporation)

P03000082721, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

X 

(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