

PD 3000086103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

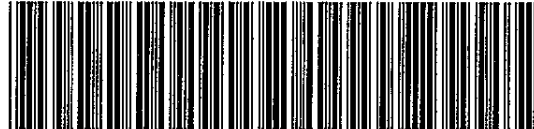
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

65 3/10/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: John A. Burpee + Associates
(Name of Corporation)

DOCUMENT NUMBER: P03000086102

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

Please return all correspondence concerning this matter to the following:

John Burpee
(Name of Person)

John Burpee + Associates
(Name of Firm/Company)

10823 Seminole Blvd #3-A
(Address)

Largo FL 33778
(City/State and Zip Code)

For further information concerning this matter, please call:

John Burpee at (727) 397-8070
(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

04 MAR -4 PM 3:01

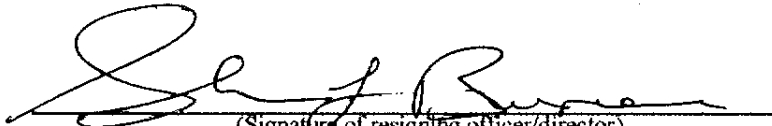
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, Sharon L. Burpee, hereby resign as Director
(Title)

of John A. Burpee + Associates Inc.
(Name of Corporation)

703080086/03, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(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