

PO3000/24111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

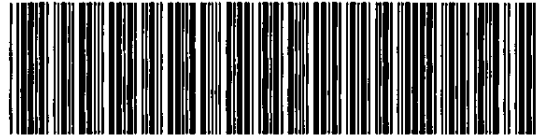
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accidentcheck of Orlando, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO3000124111

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

Please return all correspondence concerning this matter to the following:

George M. Forman

(Name of Person)

Accidentcheck of Orlando, Inc.

(Name of Firm/Company)

2015 Vincent Road

(Address)

Orlando, FL 32817

(City/State and Zip Code)

For further information concerning this matter, please call:

George Forman

(Name of Person)

at (407) 737-6545

(Area Code & Daytime Telephone Number)

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

2007 JUL 30 PM 12:50

I, Claire R. Forman, hereby resign as President
(Title)

of Accidentcheck of Orlando, Inc.,
(Name of Corporation)

PO3000124111, 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