

PD3000155605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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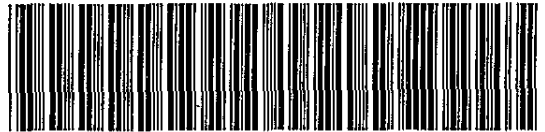
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: J.&B. ENTERPRISES OF PORT CHARLOTTE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000155605

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

BETTE A. LYTTLE

(Name of Person)

J.&B. ENTERPRISES OF PORT CHARLOTTE, INC

(Name of Firm/Company)

2459 QUAIL TERRACE

(Address)

PORT CHARLOTTE, FL 33981

(City/State and Zip Code)

For further information concerning this matter, please call:

BETTE A. LYTTLE

(Name of Person)

at (941) 391-3965

(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

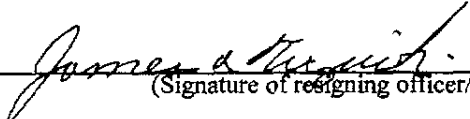
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAMES A. NIERZWICKI, hereby resign as PRESIDENT
(Title)

of J.&B. ENTERPRISES OF PORT CHARLOTTE, INC.
(Name of Corporation)

P03000155605, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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