

PO4000001663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

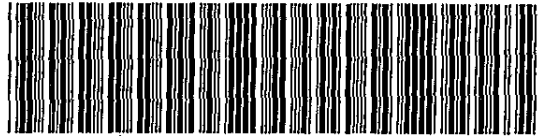
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11/10/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A.D.S. Signs, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P 04 00000 1663

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

Please return all correspondence concerning this matter to the following:

Nancy K. DeTrapani
(Name of Person)

A.D.S. Signs, Inc.
(Name of Firm/Company)

1497 Main St. # 317
(Address)

Dunedin, FL 34698
(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy K. DeTrapani at (727) 441-8989
(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

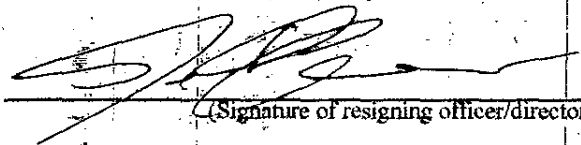
Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I Joseph G. DeTrapani hereby resign as Director
(Title)

of A.D.S. Signs, Inc.
(Name of Corporation)

P04000001663, a corporation organized under the laws of the State of
(Document Number, if known)


(Signature of resigning officer/director)

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SECRETARY 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