## P04000010540

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
DOWNER DAME
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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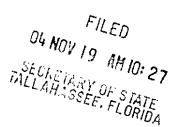
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: FIELDSTAR INC (Name of Corporation)  DOCUMENT NUMBER: PO 4 0000 105 40					
DOCUMENT NUMBER: <u>P040000</u> / 05 40					
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
BIATR COSPER (Name of Person)					
(Name of Firm/Company)					
(Name of Firm/Company)					
4517 DELTA AVE (Address)					
(Address)					
JACKSCAVILE, FLA 32205 (City/State and Zip Code)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
BLATA COOPER at (904) 349-3229 (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



_	BLATA	COOPER	, hereby resign as_	PRESIDENT
				(Title)
•	FiELO	STAR, INC.		
	<u> </u>	(Name of Cor	poration)	
	P0400	0010540 ,ac	orporation organized und	der the laws of the State of
	(Document Numb	per, if known)		
	FLORIDA			
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		8b-	- cvoj-	
		(Signatu	re of resigning officer/direct	or)

## 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