

P04000025853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARAMOUNT INSURANCE SERVICES, INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000025853

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

Please return all correspondence concerning this matter to the following:

Stephen Birge

(Name of Person)

PARAMOUNT INSURANCE SERVICES

(Name of Firm/Company)

1250 Douglas Ave Ste 110

(Address)

LONGWOOD FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Birge

(Name of Person)

at 407 862-3700

(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

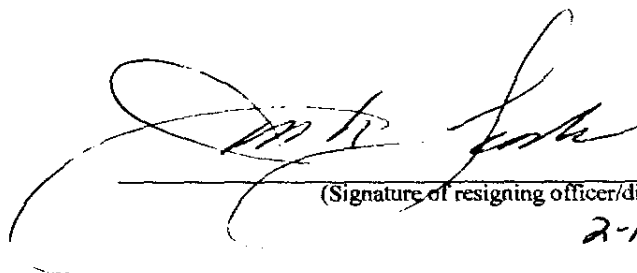
**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, JOSEPH G. GONZALEZ, hereby resign as DIRECTOR  
(Title)

of PARAMOUNT INSURANCE SERVICES, INC  
(Name of Corporation)

P04000025853, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)  
2-11-05

**FILED**  
05 MAR -3 AM 9:08  
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