

P04000047439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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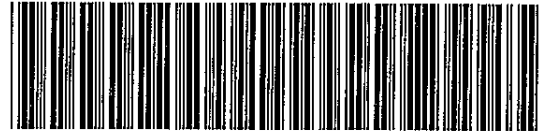
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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4/29/04
10

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A1A Debt Doctors
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Aaron Manning
(Name of Person)

A1A Debt Doctors, Incorporated
(Name of Firm/Company)

13636 Atlantic Blvd.
(Address)

Jacksonville, Florida 32225
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Manning at (904-) 821-5737
(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

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TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Donald A. Wilson, hereby resign as Vice President
(Title)

of A1A Debt Doctors, Incorporated
(Name of Corporation)

_____, 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

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TALLAHASSEE, FLORIDA