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(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer
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Resignation - SEND BACK TO SOLICITOR
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/08/05--01012--005 **43.75

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beauty Dimensions Hair & Nails Salon INC.
(Name of Corporation)

DOCUMENT NUMBER: 1D#630421569440

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

Please return all correspondence concerning this matter to the following:

JUDY A BARRETT
(Name of Person)

Beauty Dimensions Hair Nails Salon INC
(Name of Firm/Company)

1908 N HINES AVE
(Address)

Tampa FL 33607
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy Barrett at (813) 380-6951
(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, Judy A BARRETT, hereby resign as Vice President
(Title)
of Beauty Dimensions Hair & Nails Salon Inc.
(Name of Corporation)
CE9960303, a corporation organized under the laws of the State of
(Document Number, if known)
Fla.

Judy A Barrett
(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