P04000173402

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

off. Resign.

C. Coulliste JUL 2 2 2005

TRANSMITTAL LETTER

| SUBJECT: | CompuBasics,Inc. |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| | (Name of Corporation) |
| DOCUMENT NUMBER:_ | PO4000173402 |
| The enclosed Officer/Director | r Resignation for a Corporation and fee are submitted for filing |
| Please return all corresponder | nce concerning this matter to the following: |
| Diane V | V. Draper |
| (Name | of Person) |
| (Name of F | irm/Company) |
| 507 Lake Ma | • • • • |
| | dress) |
| Winter Haver | a, FL 33884 |
| (City/State a | and Zip Code) |
| For further information conce | rning this matter, please call: |
| Diane W. Dra | at () |
| (Name of Perso | (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, EL 32300 |

Amendment Section Division of Corporations

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| l, | Diane W. Draper | , hereby resign as_ | Vice President & Tre | asurer |
|----|-----------------------------|---------------------------------------|---------------------------|------------------|
| | | · · | (Title) | _ |
| of | CompuBasics,Inc. | | | |
| | (Name | of Corporation) | | |
| | PO4000173402 | , a corporation organized un | der the laws of the State | of |
| | (Document Number, if known) | | - | |
| | Florida | | | 유 유 |
| | | | | FIL 25 JUL 22 |
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| | 1 1 | K. 1/1/ | 25 55 | ် မ မ |
| | | Signature of resigning officer direct | (di) | |
| | | , | 1/21/05 | |

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