

PD5000077/33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

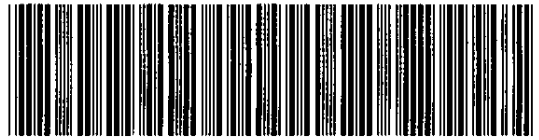
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TALLAHASSEE, FLORIDA

off. Resign.

TB

JAN 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCOTT CLARK INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000077133

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

Please return all correspondence concerning this matter to the following:

MARIA L. CLARK
(Name of Person)

SCOTT CLARK INC.
(Name of Firm/Company)

2076 ABALONE AVE
(Address)

INDIALANTIC FL 32903
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA L. CLARK. at (321) 266-3117
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

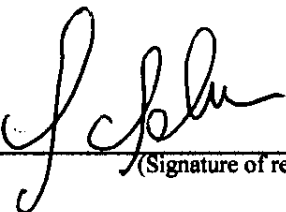
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, SCOTT CLARK, hereby resign as ~~SECRETARY~~ PRESIDENT, PTN, TREASURER
(Title)

of SCOTT CLARK INC.
(Name of Corporation)

P05000077133, 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