

P05000121030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

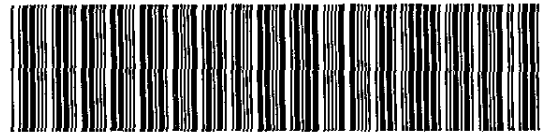
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05 SEP 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HUPP CHIROPRACTIC, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000121030

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

Please return all correspondence concerning this matter to the following:

NOEL HARLOWE

(Name of Person)

HUPP CHIROPRACTIC, INC.

(Name of Firm/Company)

8681 SW 18TH PLACE

(Address)

DAVIE, FL. 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

NOEL HARLOWE

(Name of Person)

at ( 954 ) 476-1120

(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

FILED  
05 SEP 30 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, NOEL HARLOWE, hereby resign as V. PRESIDENT/TRES  
(Title)

of HUPP CHIROPRACTIC, INC.  
(Name of Corporation)

P05000121030, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Noel Harlowe 9/26/05  
(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

FILED  
05 SEP 30 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA