

P05000 144261

(Requestor's Name)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

CC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISASTER RECOVERY SPECIALISTS, INC
(Name of Corporation)

DOCUMENT NUMBER: PO5000144261

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

Please return all correspondence concerning this matter to the following:

JOHN COSTA JR
(Name of Person)

Disaster Recovery Specialist INC.
(Name of Firm/Company)

1377 Pinebrook Dr.
(Address)

Clearwater FL 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

John COSTA at (561) 756-5193
(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, DAVID M. BEVIS, hereby resign as CEO (Title)

of DISASTER RECOVERY SPECIALISTS, INC
(Name of Corporation)

P05000144261, 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 Seal

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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