

PD6000052363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

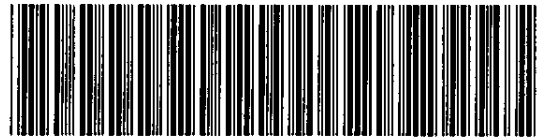
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FILED
06 MAY 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERK-UP INC.

(Name of Corporation)

DOCUMENT NUMBER: P06000052363

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

Please return all correspondence concerning this matter to the following:

TIMOTHY WILSON

(Name of Person)

PERK-UP INC.

(Name of Firm/Company)

1044 CORKWOOD DRIVE

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

TIMOTHY WILSON

(Name of Person)

at (321) 262-9196

(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, MARY D WILSON, hereby resign as VTD
(Title)

of PERK-UP INC.
(Name of Corporation)

P06000052363, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Mary D. Wilson
(Signature of resigning officer/director)

FILED
06 MAY 30 AM 10:00
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