

P07550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

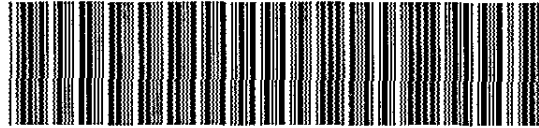
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800009292758

12/06/02--01027--002 **35.00

FILED
02 DEC -6 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FL

RA Resign
T. Lewis 12/12/02

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2346
ORLANDO, FLORIDA 32802-2346

800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

(407) 841-1200
FAX (407) 423-1831

Writer's E-Mail
mfendle@deanmead.com

www.deanmead.com

Writer's Direct Dial
(407) 428-5119

November 21, 2002

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


Re: Resignation of Registered Agent

Dear Sir or Madam:

Enclosed is a Resignation of Registered Agent submitted on behalf of Burton-Campbell, Inc., a Georgia corporation qualified to do business in Florida whose qualification was revoked on October 4, 2002 for failure to file its annual report. Also enclosed is this firm's check made payable to the Department of State in the amount of \$35.00.

Please return all correspondence concerning this matter to the undersigned. For further information you may call me at (407) 428-5119.

Sincerely,


Mary F. Fendle, Paralegal

:mf

Enclosures (2)

cc: Peter C. Yesawich w/enclosure
Charles H. Egerton w/enclosure

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, Peter C. Yesawich
(Name of Registered Agent)

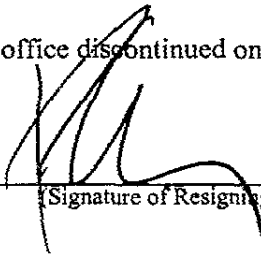
hereby resigns as Registered Agent for Burton-Campbell, Inc.
(Name of Corporation)

P07550

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

N/A

(Typed or Printed Name)

N/A

(Capacity)

FILED
02 DEC -6 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314