

P10 0000 54819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 11 2013  
T. LEMIEUX

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BULOW NURSERY AND LAND SOLUTIONS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000054819

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

Please return all correspondence concerning this matter to the following:

**BERT BULOW**

(Name of Person)

**BULOW NURSERY AND LAND SOLUTIONS INC**

(Name of Firm/Company)

**10042 THOMPSON NURSERY RD**

(Address)

**WINTER HAVEN, FL 33884**

(City/State and Zip Code)

For further information concerning this matter, please call:

**BERT BULOW**

(Name of Person)

at

**863 326-1727**

(Area Code & Daytime Telephone Number)

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

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, CHRISTINA BULOW, hereby resign as VICE PRESIDENT  
(Title)

of BULOW NURSERY AND LAND SOLUTIONS INC.,  
(Name of Corporation)

P10000054819, 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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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**