

P120000095516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

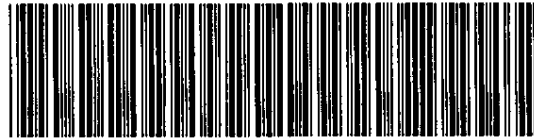
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** United Tax And Financial Center INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P12000095516

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

Please return all correspondence concerning this matter to the following:

**SHALOCKE LOCKETT**

(Name of Person)

**UNITED TAX AND FINANCIAL CENTER**

(Name of Firm/Company)

**8110-2 LEM TURNER RD**

(Address)

**JACKSONVILLE, FLORIDA 32218**

(City/State and Zip Code)

For further information concerning this matter, please call:

**S. VONTRES LOCKETT** at **904 446-5776**

(Name of Person)

(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

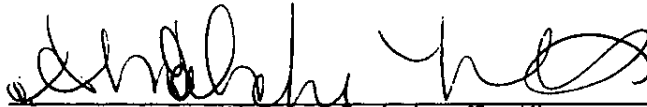
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, SHALOCKE V LOCKETT, hereby resign as PRESIDENT/OWNER  
(Title)

of UNITED TAX AND FINANCIAL CENTER,  
(Name of Corporation)

P12000095516, 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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