

P97000016141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

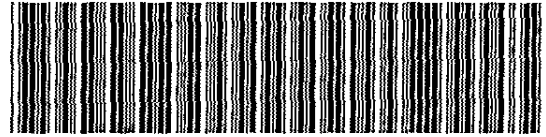
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TALLAHASSEE, FLORIDA

04 APR 22 PM 1:25

FILED

P5-
4/28/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPREHENSIVE INSURANCE INC
(Name of Corporation)

DOCUMENT NUMBER: P97000016141

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

Please return all correspondence concerning this matter to the following:

CAROL TURNER
(Name of Person)

COMPREHENSIVE INSURANCE INC
(Name of Firm/Company)

4025 LAND LAKES BLVD
(Address)

LAND LAKES FL 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL TURNER at (813) 996 0806
(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
409 E. Gaines Street
Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

FILED

04 APR 22 PM 1:25

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, SANDRA K. BARBER, hereby resign as VDST
(Title)

of COMPREHENSIVE INSURANCE, INC.
(Name of Corporation)

P97000016141, a corporation organized under the laws of the State of
(Document Number, if known)

FIA

X Sandra Kay Barber
(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