P9700081841

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
, PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AGT PRESSULE SENSITIVE PRODUCTS IN (Name of Corporation) DOCUMENT NUMBER: P97000081841
DOCUMENT NUMBER: F 7 7 0000 018 11
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUE DANNELS (Name of Person)
AGI PRESSURE SENSITIVE PLODUCTS IN CONTRACT (Name of Firm/Company)
<u> </u>
SARASOTA, FL 34233 (City/State and Zip Code)
For further information concerning this matter, please call:
WFUTAM DANNELS at (941) 371-5020 (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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	e provisions of se							tes,
	f change is submi	-				•		
	in order to	change its	registere <u>d</u>	office or regi	stered agen	t, or bot	h, in the Si	late
of Florida.	the corporation:_	ACT OF	cscix Ta	FELIST	rtus D	DADU	P. 0	10
2. The principal	l office address:							<u>1-1</u>
	- <u>'''</u>	SARAS	OTA, P	F 3453	> 3	- 11	<u> </u>	
3. The mailing	address (if differe	nt): <i>5A</i> /	12	<u> </u>		- 24	<u> </u>	
		<u></u>		<u> </u>	de ar .	<u> </u>	Es S	
4. Date of incor	poration/qualifica	tion:9	-22-199	7 Docum	nent number	: <u>P9</u>	70008	31841
5. The name and	d street address of rtment of State:			-				
	SWEE.	NY, CH	RISTUI	PHER				
	4509	14TH.	5T. W.	STE 20	03.	-		
	BRAI	PENTON	,FL 3	14207	, , , , , , , , , , , , , , , , , , ,			
	nd street address	of the new i	egistered a	agent (if char	iged) and /c	or registe	ered office	(if
changed):	SUE	DANNE	25	- · - ·				
	3736	BOND	PLACE	NOT acceptable)		,		
_		SOTA						
The street addreagent, as change	ess of its registere ed will be identic	•			business o	ffice of	its register	ed
Such change was authorized by th	as authorized by ne board, or the co	esolution du orperation h	ly adopted as been not	by its board ified in writi	of directors ng of the ch	or by an	ı officer so	ı
(Signature of an officer	, chairman or vice chairm	an of the board)	VI	CE PRES	TDENT typed name and	WJ.	LLIAM	
registered agen	the appointment to comply with th my duties, and I t. Or, if this doci Thereby confirm	ıment is bein	van ana a v filed mei	rely to reflect	gatton oj ni a change ii	y posini n the rec	ni us rist <i>ared</i>	
R. Sug	ignature of Registered Ag	ent)	/ 	7-38)- O 3	·	 .	. ** ==
If signing on behal	f of an entity:							
SUE D	ANNEL 5 yped or Printed Name)		<u></u>	PREGI	0525	(n)	·	*.,
(1	There of Linker Hame)	***FILIT	NG FEE: S	535.00 * * *	(Capacity)			