	011550 03
P9800006	703
(Requestor's Name)	
(Address)	400017999524
(Address)	400017999024
(City/State/Zip/Phone #)	
	05/09/0301093004 **105.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	
	0/p resig.
	V SHEPARD MAY 2 0 2003

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

(Name of Corporation INO SUBJECT: 98000067031 J **DOCUMENT NUMBER:** 

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

(Name of Person) (Name of Firm/Company) N.W. Brh (Address) <u>ST STE 203</u> City/State and Zip Code)

For further information concerning this matter, please call:

<u>AUSTIN LEE</u> (Name of Person) at (<u>385</u>) 717-(586, (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

DIVISION 03 MAY -9 PM 1: 12 ATIONS **OFFICER / DIRECTOR RESIGNATION** FOR A CORPORATION I. AUSTIN LEG TRES , hereby resign as (Title of Name P98000067031 (Document Number, if known) , a corporation organized under the laws of the State of FLORIDA

X (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