

P98000068334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

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MAIL

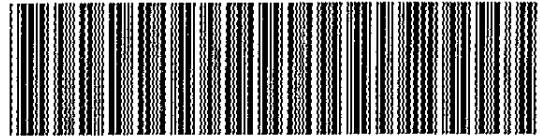
(Business Entity Name)

(Document Number)

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03 JUL 17 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O/D Resignation

gpm  
7/21/03

## TRANSMITTAL LETTER

T Amendment Section  
Division of Corporations

S SUBJECT: Amusement Claims Adjusters, Inc.  
(Name of Corporation)

D DOCUMENT NUMBER: P98000068334

T Enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

P Please return all correspondence concerning this matter to the following:

Charles Landrum  
(Name of Person)

(Name of Firm/Company)

**Amusement Claims Adjusters**  
**PO Box 142938**  
**Gainesville, FL 32614**

(City/State and Zip Code)

F For further information concerning this matter, please call:

Charles Landrum at ( 352 ) 331-7182  
(Name of Person) (Area Code & Daytime Telephone Number)

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

M Mailing Address:  
A Amendment Section  
D Division of Corporations  
P Box 6327  
T Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Gerald M. Smithson, hereby resign as Vice President / Director  
(Title)

of Amusement Claims Adjusters, Inc.  
(Name of Corporation)

P98000068334

(Document Number, if known)

, a corporation organized under the laws of the State of

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

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