

P 98000077028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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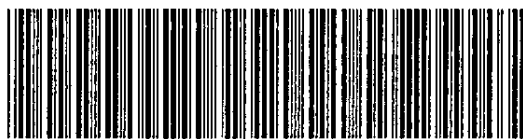
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE

765-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PROFESSIONAL BUSINESS SOLUTIONS INC
(Name of Corporation)

DOCUMENT NUMBER: P98000077028

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

Please return all correspondence concerning this matter to the following:

CONCETTA R LUPARDO

(Name of Person)

CONCETTA R LUPARDO CPA PA

(Name of Firm/Company)

PO BOX 7567

(Address)

DELRAY BEACH, FL 33482

(City/State and Zip Code)

For further information concerning this matter, please call:

CONCETTA R LUPARDO at (954) 692-1350
(Name of Person) (Area Code & Daytime Telephone Number)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILE
11 APR 29 AM 10:3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, CONCETTA R LUPARDO, hereby resign as DVP
(Title)

of PROFESSIONAL BUSINESS SOLUTIONS INC .
(Name of Corporation)

P98000077028, 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