

P98000087389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

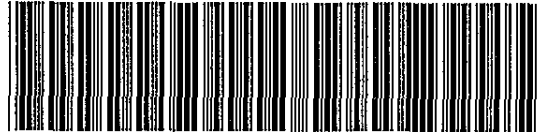
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400023553414

10/13/03--01025--002 \*\*35.00

FILED  
03 OCT 13 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10-16  
off

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FOURNOS INC  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000087389

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

Please return all correspondence concerning this matter to the following:

RENEE C SALIVARAS  
(Name of Person)

FOURNOS INC  
(Name of Firm/Company)

15 NORTH PINELLAS AVENUE  
(Address)

TARPON SPRINGS, FL 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

RENEE C SALIVARAS at ( 813 ) 873-7668  
(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**  
03 OCT 13 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, ANDREAS D SALIVARAS, hereby resign as DIRECTOR (Title)  
of FOURNOS, INC. (Name of Corporation)  
P98000087389, 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