P99000007419

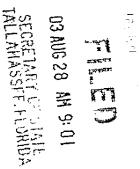
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

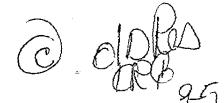




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08/28/03--01029--008 **35.00





TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JUB Products fixe (Name of Corporation) DOCUMENT NUMBER: P 9900000 7419
DOCUMENT NUMBER: 7 970000 / 4 / 7
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Las Boulicaut (Name of Person)
(Name of Person)
(Name of Firm/Company)
1227 Royal OAK Dr. (Address)
Winder Springs F1. 32708 (City/State and Zip Code)
For further information concerning this matter, please call:
Lois Boulicauttat 407 366-8640 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Ferson) (Area Code & Dayume 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

1. Lois & Bou	lucaulthereby resign as_	Dues far
of JUB Pro	ducts. Inc.	
P99000074 (Document Number, if known) Horida	1 2 a corporation organized unde	r the laws of the State of
	(Signature of resigning officer/director)	55 B
		M 9: 01

Make checks payable to Florida Department of State and mail to:

FILING FEE IS \$35.00

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314