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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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officer Resignation

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Morse Floor (Overing (Name of Corporation) DOCUMENT NUMBER: P9900011171
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brion D. Wynn (Name of Person)
(Name of Firm/Company) 1891 55 5 5. W. (Address)
Na plos Cl. 341/6, (City/State and Zip Code)
For further information concerning this matter, please call:
Brion D. Wynn at (239) 229-3008 (C) 239-352-6021 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



I, Brion D. W	lynn	, hereby resign as	ice President (Title)
of Morse Floor	(Name of Corpore	Inc.	,
P 990 000 1171 (Document Number, if know			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