

P99000035601

Requestor's Name
3610 SE FT. KING STREET
Address
OLNA, FL 34470 352-622-8828
City/State/Zip Phone #

FILED
SEP 25 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CLAIM ASSISTANCE SERVICES INC P99000035601
(Corporation Name) (Document #)
2. _____ Resignation of
(Corporation Name) (Document #) officer
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

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-09/26/02--01003--003
*****35.00 *****35.00

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Examiner's Initials

RR
9/25/02

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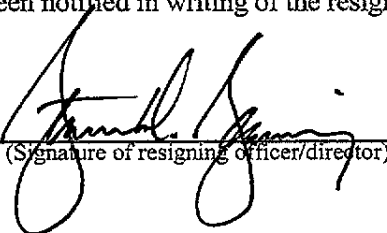
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICER / DIRECTOR RESIGNATION

I, STEPHEN D. SPIVEY, hereby resign as VICE PRESIDENT AND DIRECTOR
(Title)
of CLAIM ASSISTANCE SERVICES, INC.
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**