

S20256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

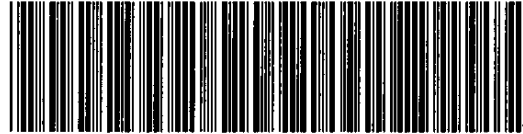
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COSTUME WORLD THEATRICAL ~~THEATRICAL~~ CENTER, INC.
(Name of Corporation)

DOCUMENT NUMBER: S 20256

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

Please return all correspondence concerning this matter to the following:

MARILYNN A. WICK
(Name of Person)

(Name of Firm/Company)

950 S. FEDERAL HWY
(Address)

DEERFIELD BEACH, FL 33441
(City/State and Zip Code)

For further information concerning this matter, please call:

MARILYNN A. WICK at (800) 423.7496
(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**

I, MARILYNN A. WICK, hereby resign as PRESIDENT, SECRETARY AND
DIRECTOR
of COSTUME WORLD THEATRICAL CENTER, INC.
(Name of Corporation)
S 20256, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA.


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ **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