

451157

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.  
**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name: GARY SIEGEL, ESQUIRE EIN or SS#: 105-42-1445

Address: 6500 S. Hwy. 17-92  
Fern Park, FL 32730

Amount: \$35.00 Date Paid: \_\_\_\_\_

Reason for Claim: Sent in duplicate filing to change the registered agent for  
BOB DANCE DODGE, INC. (CHARTER #451157)

Certified true and correct this 10th day of October, 19 97

Signature \_\_\_\_\_  
GARY SIEGEL, ESQUIRE

\* Must be completed if authority is other than Section 215.26, Florida Statutes.  
LFI/AMENDMENT SECTION

*Do Not Write in This Box - For Agency Use Only*

Agency recommends approval of above claim and submits the following information to substantiate the claim:  
Amount of recommended refund \$ 35.00  
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on  
State Treasurer's Receipt No. 01022-004 dated 9-17-97

NAME OF ACCOUNT: \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection: 607.0122  
It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Department of State, Division of Corporations  
(Agency) \_\_\_\_\_ (Authorized Agency Signature and Title)