

J92152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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NOTICE OF PLS
MD 7/29



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07/15/04--01010--009 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 28 PM 4:40

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2004

KAREN M. BROWN
SWANN & HADLEY, P.A.
P.O. BOX 1961
WINTER PARK, FL 32790

SUBJECT: RED TOP TAXI OF ORLANDO, INC.
Ref. Number: J92152

We have received your document for RED TOP TAXI OF ORLANDO, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Your document is being returned as requested.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 804A00046145

Notice of Corporate Dissolution for Unknown Claims

This notice is submitted by the dissolved corporation named below for resolution of payment of known claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of the Corporation: Red Top Taxi of Orlando, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Incorporation*. (Articles of Dissolution filed January 21, 2004)

Description of information that must be included in a claim:

- 1) Amount of claim, date work performed on material supply and nature of claim:

- 2) Address, phone and facsimile number of claimant:

- 3) Is the claim secured or unsecured? If the claim is secured, then list the security:

- 4) List the basis of the claim:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Red Top Taxi of Orlando, Inc.

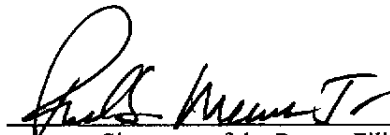
3241 West Gore Street

Orlando, Florida 32806

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Paul S. Mears, Jr.

Printed Name of the Person Filing


Signature of the Person Filing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA