

KO1844
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: <u>Martha I. Doss</u>	EIN or SS#: _____
Address: <u>5728 Major Blvd., Suite 200</u>	
<u>Orlando, Fla. 32819</u>	
Amount: <u>\$43.75</u>	Date Paid: <u>7-29-97</u>
Reason for Claim: <u>Withdrawal of name change amendment for Maids Quarters, Inc.,</u>	
<u>#KO1844.</u>	
<u>THELMA LEWIS/AMENDMENTS</u>	
Certified true and correct this _____ day of _____, 19 _____.	
Signature _____	

* Must be completed if authority is other than Section 215.26, Florida Statutes.

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 \$ 43.75
 The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on
 State Treasurer's Receipt No. 01070 001 dated 6-6-97

NAME OF ACCOUNT: _____
45202130001453000000000010000

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

NAME OF ACCOUNT: _____
452021300014530000000022002000

Certified true and correct this _____ day of _____, 19 _____.

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

Maids Quarters, Inc.

(407) 648-1508

Maglo Janitorial

(407) 648-5289

*Professional Office Cleaning
Bonded, Licensed & Insured*

K01844

June 3, 1997

400002204144--2

-06/06/97--01070--001

*****43.75 *****43.75

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom This May concern,

This is a letter of request to change the name of
this corporation, Maids Quarters, Inc. to

The amendment articles are inclosed and hopefully
I have filled in all appropriate areas! If we
have missed anything here, please contact our
office at (407) 648-1508.

Thank you.

Sincerely,

Martha I. Doss

Martha I. Doss, President
Maids Quarters Inc.

Federal identification No. 59-2856113

State Identification No. 1124830

Ms. Doss GAVE

AUTHORIZATION BY PHONE TO

CORRECT Change Name

DATE

DOC. EXAM.

JUL 29 1997