

DATE

FOR OFFICIAL USE

NUMBER

03/08/2000

02851

DEBIT MEMORANDUM

To: DEPT. OF STATE

General Revenue Total	0.00
Trust Total	2,187.00
Other Total	0.00
Total	\$2 187 00

\$2,187.00

Distribution

Cross Ref	Samas Code	Reason	
012 012 012 012 012 012 012 012 012 012	45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00 45-20-2-130001-45300000-00-000100-00	ACCOUNT CLOSED INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS INSUFFICIENT FUNDS	70.00 78.75 141.25 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 150.00 257.00 280.00
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Grand Total:

\$2,187.00

02851-11

The above named fund(s) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 02/28/2000

State Treasurer

LACTED ZBVACTO HERITY BAY ZANGE BOW DAVID PAUL OR HELEN SNOWDEN 7-91 3305 BROOKVIEW DR. MARIETTA, GA 30068 SALIDA BUILDING/LOAN ASSOCIATION
Offices in Salida, Leadville, and Buene Vista DODOLLARS 1

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 30, 2000

David Paul or Helen Snowden 3305 Brookview Dr. Marietta, GA 30068

SUBJECT: S.A.S. LC

Ref. Number: L0000001944

Debit Memo #: 02851-M

This is to inform you that your check #550 dated February 14, 1999 in the amount of \$160.00 and submitted for S.A.S. LC has been returned to us by your bank because of Stop Payment.

We request that you remit a cashier's check or money order in amount of \$175.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

cc:SAS LC 2515 Gardner Court Tampa, Fl. 33611 Letter number: 600A00017470



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

March 30, 2000

David Paul or Helen Snowden 3305 Brookview Dr. Marietta, GA 30068

SUBJECT: S.A.S. LC Ref. Number: L00000001944 I WISH TO CANCELL

FILED DOCUMENTS

AS PER PH CONVERSATION IN

EB 2000. THANK

Debit Memo #: 02851-M

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If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter number: 600A00017470

والهابية والمثالة والمتالية

cc:SAS LC 2515 Gardner Court Tampa, Fl. 33611