

M84199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600029480696

02/27/04--01033--008 **35.00

FILED
04 FEB 27 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M84199 CM
3PTE 7:53
2-24-04

LAW OFFICES OF
FRANK G. FINKBEINER

ATTORNEY AND COUNSELOR AT LAW

108 EAST HILLCREST STREET
ORLANDO, FLORIDA 32801

TELEPHONE (407) 423-0012
FAX (407) 839-5951
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MAILING ADDRESS:
P.O. BOX 1789
ORLANDO, FL 32802-1789

February 25, 2004

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: COCKMAN REAL ESTATE, INC.

GENTLEMEN:

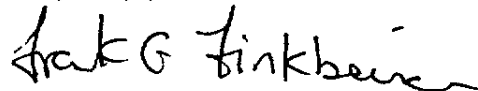
Enclosed please find the following in reference to the above referenced corporation:

- Sub
Back out*
1. Articles of Dissolution.
 2. Check #1465 in the amount of \$35.00 for filing fees.
 3. A copy of the Florida Department of Revenue closing of business form.
 4. A copy of Florida Department Sales and Use coupon for period January 2004, indicating no sales tax collected.

This corporation ceased doing business on December 31, 2003.

Should you have any questions or comments, please do not hesitate to call.

Very truly yours,



FRANK G. FINKBEINER

Signed in the absence of
the writer to avoid delay.

FGF/df
encls.

cc: Nellie Cockman

eff 4-27-04

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Department of State:

COCKMAN REAL ESTATE, INC.

SECOND: The document number of the corporation (if known): M84199

THIRD: The date dissolution was authorized: January 30, 2004

Effective date of dissolution if applicable: April 27, 2004
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 30th day of January, 2004

Signature: _____

Nellie M. Cockman

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

NELLIE M. COCKMAN

(Typed or printed name of person signing)

D/P/S/T

(Title of person signing)

Filing Fee: \$35

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(voting group)

Signed this 30th day of January, 2004

Signature: Nellie M. Cockman

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

NELLIE M. COCKMAN

(Typed or printed name of person signing)

D/P/S/T

(Title of person signing)

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TALLAHASSEE, FLORIDA

Closing or Sale of Business or Change of Legal Entity

☐ The legal entity changed on ____/____/____. If you change your legal entity and are continuing to do business in Florida, you must register on-line or complete and mail a new Application to Collect and/or Report Tax in Florida (Form DR-1).

☒ The business was closed permanently on 12/31/03. (The Department will cancel your sales tax certificate number as of this date.)
Are you a corporation/partnership required to file corporate income tax or corporate intangible tax returns? ☐ Yes ☒ No

Sales and Use Tax
Certificate Number

69-80122866969 FEIN 59 6915476

Business Partner Number

☐ The business will close/was closed temporarily on ____/____/____. I plan to reopen on ____/____/____.
Forwarding Address: _____

City: _____ State: _____ ZIP: _____

☐ The business was sold on ____/____/____. The new owner information is:
Name of New Owner: _____ Telephone Number of New Owner: (____) _____

Mailing Address of New Owner: _____

City: _____ County: _____ State: _____ ZIP: _____

Signature of Taxpayer (Required): Nellie M. Cockman Date: _____ Telephone Number: (407) 831-6804

Florida Department of Revenue Sales and Use Tax Return

DR-15EZ
R. 01/04

Certificate Number

69-8012286696-9

Collection Period

JAN 2004

Location Address

580 FRANKLIN ST
ALTAMONTE SPRINGS FL 32714-2404
COCKMAN REAL ESTATE INC
974 VICTORIA TER
ALTAMONTE SPRINGS FL 32701-7318

Location/Mailing Address Changes:

New Location Address: _____

Telephone Number: (____) _____

New Mailing Address: _____

Amount Due From Line 9
On Reverse Side

00000000.00

☐ Check here if payment was made electronically.

Due: FEB 01 2004
Late After: FEB 20 2004

Surtax Rate
.0100

0000 0 20040131 0001003043 0 4000001228 6696 8