

State of Florida Office of State Treasurer Tallahassee, Florida

FOR OFFICIAL USE

NUMBER

04/24/2001

EBIT MEMORANDUM



General Revenue Total

0.00

Trust Total

5,296.25

Other Total

0.00

Total

\$5,296.25

Distribution

Cross Ref	Samas Code	Reason	
008 008 008 008 008 008 008 008 008 008	45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00 45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS OTHER INSUFFICIENT FUNDS OTHER ACCOUNT CLOSED INSUFFICIENT FUNDS INSUFFICIENT FUNDS UNCOLLECTED FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS INSUFFICIENT FUNDS	78.75 78.75 150.00 150.00 150.00 150.00 150.00 150.00 158.75 1,208.75 2,721.25

Grand Total:

\$5,296.25

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: <u>04/16/2001</u>

State Treasurer

MARY D EPPS

MARYAM'S HOME ACCOUNT

7760 PICKETT STREET

JACKSONVILLE, FL 32208 PAY TO THE ORDER OF First Union National Bank buenty orga R/T 063000021 RETURNED BY FULLD 63.2 NED BY FUND 63-2 "0000007**8**75;" J\$ 78.75 DOLLARS TO **№** 1485 63-2/630 BRANCH 00209

ORSE HERE:

DEPT OF STATE 4500453 FOR DEPOSIT ONLY -04/05/01--01079--006 1009068796 *****78.75 DO NOT SIGN THE POTE STORT

per al Signati.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 3, 2001

Mary D. Epps 7760 Pickett St. Jacksonville, FL 32208

SUBJECT: MARYAM'S DAY CARE/ADULT CARE, INC.

Ref. Number: N01000002505

Debit Memo #: 14185-A

This is to inform you that your check #1485 dated March 28, 2001 in the amount of \$78.75 and submitted for MARYAM'S DAY CARE/ADULT CARE, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$93.75 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

Letter number: 501A00026262



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 7, 2001

Mary D. Epps 7760 Pickett St. Jacksonville, FL 32208

SUBJECT: MARYAM'S DAY CARE/ADULT CARE, INC.

Ref. Number: N01000002505

Debit Memo #: 14185-A

Due to your failure to respond to our previous letter advising you of the returned check #1485, the Articles of Incorporation for MARYAM'S DAY CARE/ADULT CARE, INC. have been cancelled and are considered not filed as of June 7, 2001.

The name of your corporation is now available for use.

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: 901A00035048