

P02000105432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

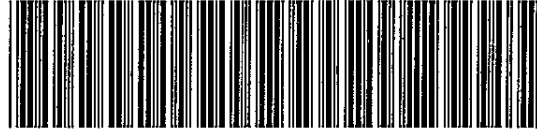
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900027971179

02/04/04--01042--011 **35.00

FILED
04 FEB -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOL DIS
MAD 2/10

Monday, February 02, 2004

Raymond Barta

1169 Clays Trail

Oldsmar, FL. 34677

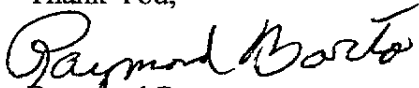
727-784-7232 phone

727-771-6188 fax

Dear Sirs,

I am requesting that the corporation be dissolved. I have not used it and closed that business back in 2003. What must I do to stop the requests for renewal and payments? I am sending for the second time the Articles of Dissolution with a check for \$35.00. If this is not the proper form please send me the one I need.

Thank You,


Raymond Barta

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

B.A.R.T.A., INC.

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

THIRD: The file date of the articles of incorporation was: 09/26/2002

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 16 day of JAN, 2004

Signature: Raymond Barta

(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.)

Raymond Barta

(Typed or printed name of person signing)

DIRECTOR / REGISTER AGENT

(Title of person signing)

Filing Fee: \$35

FILED
04 FEB -4 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA