

PD3000020956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

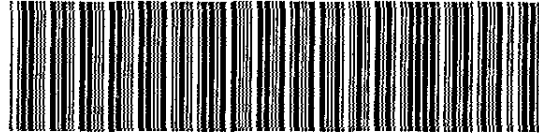
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Combs Reporting Services, Inc
(Name of corporation)

DOCUMENT NUMBER: P030000 20956

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laurie Combs
(Name of person)

Combs Reporting Services, Inc.
(Name of firm/company)

4030 CAPAROSA Circle
(Address)

Melbourne FL 32940
(City/state and zip code)

For further information concerning this matter, please call:

Laurie Combs at (321) 253-1236
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Combs Reporting Services, Inc.
2. The principal office address: 4030 Caparosa Circle,
Melbourne, Florida 32940
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 2/20/03 Document number: PO3600020956

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Laurie A. Combs
908 Castle Pines Court
Melbourne, FL 32940

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LAURIE A. COMBS
4030 CAPAROSA Circle
(P.O. Box or personal mailbox NOT acceptable)
Melbourne, FL 32940

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

LAURIE A. COMBS, owner
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

1/25/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 4, 2004

HARRY HEDAYA
DOLLAR REALTY
4890 W. KENNEDY BLVD., #260
TAMPA, FL 33609

SUBJECT: INTERBAY REALTY, INC.
Ref. Number: F03000000639

We have received your document for INTERBAY REALTY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 004A00007420

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:

INTERBAY REALTY, INC

SECOND: The document number of the corporation (if known): FO3000000639

THIRD: The file date of the articles of incorporation was: 02/06/03

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 18 day of JAN, 2003

Signature: [Signature]

(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.)

HARRY HEDAYA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to withdraw the authority of a foreign corporation that is transacting business or conducting affairs in Florida. The requirements are as follows:

- Pursuant to section 607.1520 or 617.1520, Florida Statutes, the attached application should be completed in its entirety.
- The fees are as follows:

Filing Fee - \$ 35.00 includes a letter of acknowledgment and a certificate of status/withdrawal

Certified Copy (optional) - \$ 8.75

Certificate of Status (additional) (optional) - 8.75

- Checks should be made payable to the **Florida Department of State**.
- Please complete the attached transmittal letter or your own cover letter and return it with the withdrawal application and fee.

Mailing Address:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

For further information, you may call (850) 245-6050.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

(Name of Corporation)

(Document Number of Corporation (if known))

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

(Mailing Address)

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

(Date)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35