

PD30000102619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

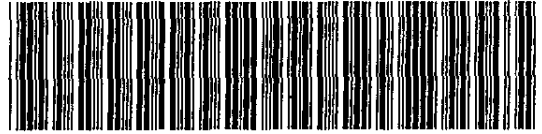
(Business Entity Name)

(Document Number)

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06 MAR 20 AM 10:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

D:SS/w notice

sf

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLVING OF EZ OF SAFETY HARBOR, INC

**DOCUMENT NUMBER:** P03000102619

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERVIN ZUBIL

(Name of Contact Person)

EZ OF SAFETY HARBOR, INC

(Firm/Company)

2969 LUNN BROOKE WAY

(Address)

CLEARWATER, FL 33760

(City/State and Zip Code)

For further information concerning this matter, please call:

ERVIN ZUBIL

(Name of Contact Person)

at (727) 776-1076

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
06 FEB 77 AM 8:00  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 1, 2006

Ervin Zubic  
EZ of Safety Harbor, Inc.  
2669 LongBrooke Way  
Clearwater, FL 33760

SUBJECT: E Z OF SAFETY HARBOR, INC.  
Ref. Number: P03000102619

We have received your document for E Z OF SAFETY HARBOR, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 406A00014336

## 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 Florida Department of State:

EZ of SAFETY MIRROR, INC

SECOND: The document number of the corporation (if known): 703000102619

THIRD: The date dissolution was authorized: Jun. 1, 2006

Effective date of dissolution if applicable: Jun. 1, 2006  
(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

ERVIN ZADIL  
(voting group)

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)

ERVIN ZADIL  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

06 MAR 20 AM 11:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: EZ OF SAFETY HARBOR, INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:


DISSOLUTION OF ASSETS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2969 LONGBRIDGE WAY  
CLEARWATER, FL 33760  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ERVIN ZUBIL  
Printed Name of the Person Filing

  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00