

P95000046308

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER

APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

**THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.**

Name: Laz L. Schneider, Esq. EIN or SS#: \_\_\_\_\_

Address: Berger Davis & Singerman 100 N.E. Third Ave., Suite 400  
Ft. Lauderdale, FL 33301

Amount: \$87.50 Date Paid: \_\_\_\_\_

Reason for Claim: decided not to file Articles of Amendment for CLEAN  
CARE OF SOUTH FLORIDA, INC. (P95000046308)

Certified true and correct this 3rd day of June, 19 97.

Signature refund requested by phone

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

**Do Not Write in This Box - For Agency Use Only**

Agency recommends approval of above claim and submits the following information to substantiate the claim:  
Amount of recommended refund \$ 87.50  
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on  
State Treasurer's Receipt No. 01073 025 dated 5-6-97.

NAME OF ACCOUNT: \_\_\_\_\_  
4520213000145300000000010000

Statutory Authority for Collection 607.0122  
It is requested that payment be made from the following account:

NAME OF ACCOUNT: \_\_\_\_\_  
45202130001453000000022002000

Certified true and correct this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

Department of State, Division of Corporations  
(Agency) \_\_\_\_\_ (Authorized Agency Signature and Title)

**Berger  
Davis &  
Singerman**  
*Professional Association*

100 N.E. Third Avenue Suite 400  
Fort Lauderdale, Florida 33301  
Phone: 954.525.9900  
Fax: 954.523.2872

May 5, 1997

**HAND DELIVERED**

Secretary of State  
State of Florida  
Corporate Records Bureau  
409 East Gaines Street  
Tallahassee, FL 32301

800002167618--6  
-05/06/97--01073--025  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

RE: AMENDMENT OF ARTICLES OF INCORPORATION  
OF CLEAN CARE OF SOUTH FLORIDA, INC.

Gentlemen:

Enclosed please find:

(a) Our check in the amount of \$87.50 in payment of the filing fee and certified copy;

(b) The original executed Articles of Amendment of the Certificate of Incorporation of Clean Care of South Florida, Inc.;

(c) One xerox copy of the Articles of Amendment of the Articles of Incorporation of Clean Care of South Florida, Inc.

Please file the Articles and return a certified copy to me.

If you have any questions, please telephone.

Very truly yours,

BERGER DAVIS & SINGERMAN

*Laz B. Schneider*  
Laz B. Schneider

\* 00789, 00572  
\* 00209, 00672

LLS:mw

Enclosures

RECEIVED  
97 MAY -6 AM 10:43  
DIVISION OF CORPORATION

Please call 561-3010 when the copies are ready. Wendy