

P97000053665

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.

Name: KATERINA THOMPSON EIN or SS#: 117 48-4298

Address: 817 S.E. 17th ST.
DEERFIELD BEACH, FL. 33441

Amount: \$96.25 Date Paid 8 8 97

Reason for claim: Sent in filing fee to change the registered agent(trying to add two)

P97000053665 ATLANTIC BOAT WORKS, INC., amend/cmucstain

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

Signature Katerina Thompson

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

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>96.25</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>01079 004</u> dated <u>8/8/97</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607 0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State Division of Corporations (Agency)	(Authorized Signature and Title)

ENCLOSED PLEASE FIND A CHECK
TOTAL AMOUNT OF \$96.25

①	ARTICLES OF AMENDMENT -	\$ 35. -
②	CERTIFIED COPIES -	\$ 52. <u>50</u>
③	CERTIFICATE OF STATUS -	\$ 8. <u>75</u>

TOTAL

96.25

500002261625--9
-08/03/97--01079-1114
*****96.25 *****96.25

Thank you

KATERINA Thompson

OR

JAMES Fitz

817 S.E. 17th Str.

DEERFIELD BEH, FL.

33441

tel # 954-725-9340



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

August 15, 1997

KATERINA THOMPSON
817 S.E. 17TH STREET
DEERFIELD BEACH, FL 33441

SUBJECT: ATLANTIC BOAT WORKS, INC.
Ref. Number: P97000053665

We have received your document for ATLANTIC BOAT WORKS, INC. and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation may have only one person designated as registered agent.

Enclosed is an application for refund.

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) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 997A00041492