

P97000057105

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: <u>Kurt F Lewis, P.A.</u>	EIN or SS#: <u>59-2391727</u>
Address: <u>6624 Gateway Ave</u> <u>Sarasota, FL 34231</u>	
Amount: <u>\$35.00</u>	Date Paid: <u>7/3/97</u>
Reason for Claim: <u>Withdrawal of Amendment filing fees for Summerside of Sarasota, Inc.,</u> <u>#P97000057105.</u>	
THELMA LEWIS/AMENDMENTS	
Certified true and correct this <u>16<sup>th</sup></u> day of <u>JULY</u> , 19 <u>97</u>	
Signature <u>[Signature]</u> <u>Kurt F Lewis, as President</u>	
* 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 \$ <u>35.00</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>01067-001</u>	dated <u>6/27/97</u>
NAME OF ACCOUNT: <u>4520213000145300000000010000</u>	
Statutory Authority for Collection <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45202130001453000000022002000</u>	
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Agency Signature and Title)

*Law Offices*  
KURT F. LEWIS, P.A.

6624 Gateway Avenue  
Sarasota, Florida 34231

(941) 921-5595  
FAX (941) 921-3950

June 26, 1997

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

100002224941--0  
-06/27/97--01067--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: SUMMERSIDE DRYWALL, INC


Ladies:

Enclosed please find two executed copies of Amendment to Articles of Incorporation changing the name of the above corporation to SUMMERSIDE OF SARASOTA, INC. We would appreciate you filing the same and advising us when it has been filed.

Also enclosed is our check in the amount of \$35.00 to cover the change.

Thank you in advance for your cooperation in this matter.

Sincerely,

  
Kurt F Lewis

mt

Enclosures



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

July 3, 1997

KURT F. LEWIS, ESQ.  
6624 GATEWAY AVENUE  
SARASOTA, FL 34231

SUBJECT: SUMMERSIDE OF SARASOTA, INC.  
Ref. Number: P97000057105

In accordance with our telephone conversation, I am returning the attached Articles of Amendment. The amendment was sent in error. Enclosed is the form to request a refund of your \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 697A00034836