

P97000066552

Document #

P97000066552

TERESA ROZACKA

POLISH-SLOVAK DELI INC

Replacement check

8-11-97

No Service Charge fee
Collected.

500002263335--3

-08/11/97-01010-010

*****75.75 *****75.75

**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>Teresa Rozacka</u>		EIN or SS#: _____
Address: <u>896A N. Federal Highway</u> <u>Pompano Beach, FL 33062</u>		
Amount: <u>\$175.75</u>	Date Paid: <u>8-11-97</u>	
Reason for Claim: <u>Over payment of filing fee for Art. of Inc.</u> <u>for Polish Slovak Deli, Inc. Original check was</u> <u>returned from bank. P97 0000 66552</u>		
Certified true and correct this _____ day of _____, 19 _____		m. C. Illiston
Signature _____		RECEIVED JAN - 9 PM 3:50 DIVISION OF CORPORATIONS

* 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>175.75</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>01010-010</u> dated <u>8-11-97</u>	
NAME OF ACCOUNT: <u>45202130001453000000000010000</u>	
Statutory Authority for Collection _____	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>452021300014530000000022002000</u>	
Certified true and correct this <u>9</u> day of <u>January</u> , 19 <u>98</u>	
Department of State, Division of Corporations (Agency)	_____ (Authorized Agency Signature and Title)