

P97000076411

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 SEP -4 AM 9:40

FILED

Registered Name
Michael J. PIZZA
4431 Gulfside Dr
New Port Richey FL 34652

Office Use Only

R(S), (if known):

1. Pizzazz Enterprise Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) ^{New one} 200002204392-2
-09/04/97--01032--001

4. _____
(Corporation Name) (Document #) ****122.50 ****122.50

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

B. McKnight SEP 04 1997

Examiner's Initials

**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: Michael J. Pizza
Pizzazz Enterprise Inc. EIN or SS#: _____
Address: 4431 Gulfside Dr.
New Port Richey Fl. 34652
Amount: \$122.50 Date Paid: 9-4-97
Reason for Claim: Overpayment of filing fee for
Articles of Inc. for Pizzazz
Enterprise Inc. P9700007641 Original
Check was not returned By Bank m. Cilliston
Certified true and correct this _____ day of _____, 19 ____
Signature _____

* 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 \$ \$122.50

The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on

State Treasurer's Receipt No. 01032-001 dated 9-4-97

NAME OF ACCOUNT:

45202130001453000000000010000

Statutory Authority for Collection _____

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

452021300014530000000022002000

Certified true and correct this 9 day of January, 19 98

Department of State, Division of Corporations

(Agency)

Arnon Berger
(Authorized Agency Signature and Title)

BUREAU CHIEF