



Florida Department of Agriculture and Consumer Services  
Division of Consumer Services

CONSUMER COMPLAINT FORM

Section 570.544(4), Florida Statutes

NICOLE "NIKKI" FRIED  
COMMISSIONER

Please return completed complaint form to:

FDACS  
Mediation & Enforcement  
2005 Apalachee Parkway  
Tallahassee, Florida 32399-8500

www.FloridaConsumerHelp.com  
1-800-HELP-FLA (435-7352)  
(850) 410-3800

800  
EC

Please complete this form in its entirety and provide as much information as possible. Only one business per complaint form. Write legibly. (The information on this complaint form may be subject to public inspection pursuant to Chapter 119, F.S.)

Person Making Complaint:

McCarty, Mark, L.

Last Name, First Name, Middle Initial

459 S. Summerlin Ave.

Mailing Address

Sanford, FL 32771

City, State, Zip Code and Country

407 719 7070

Home and Business Phone, Including Area Code

mmkmc2859@gmail.com

Email Address

Complaint is Against:

Florida Council For Corporations

Name of Business

400 Capital Circle SE, Suite 18309

Mailing Address

Tallahassee, FL 32301-3839

City, State, Zip Code

?

Business Phone, Including Area Code

?

Business Email and/or Web Address

☐ Please check if you would like to receive our Florida Consumer E-Newsletter. Our newsletter provides monthly consumer tips and information and is distributed by email.

Optional: Please select the box(es) that apply to you:

AGE ☒ 60 or older

MILITARY STATUS

☐ Active Military

☐ Veteran

Product or Service Involved: 2019 Annual Corp Records Fee Amount Paid: \$ 150.00

Refund or Restitution Amount You Are Requesting: \$ 150.00

Date of Transaction: 2/20/19

I was contacted by: ☐ Telephone ☒ Mail ☐ Other

Have you retained an attorney? ☐ Yes ☒ No  
If yes, you should rely on the advice of your attorney.

Have you filed suit in court? ☐ Yes ☒ No

Did you sign a contract or other papers, i.e. estimates, invoices, or other supporting documents? ☐ Yes ☒ No

PLEASE ATTACH COPIES, DO NOT SEND ORIGINALS.

- Documents and attachments submitted with this complaint may be subject to public inspection pursuant to Chapter 119, F.S.
- Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Section 775.082, 775.083, or 837.06, F.S.

Dear Sirs,

In February 2019 I received in the mail a notice from for what appeared to be my Annual Records filing for the State of FL Corp fees. Which I typically file and pay online.  
I sent the 150.00 fee to :

Florida Council For Corporations  
400 Capital Circle SE,  
Suite 18#309  
Tallahassee, FL 32301-3839

Which I now see was a Scam.

I recognized a problem when I received a notice from FI DOS Corporations that administratively my Corporation for the past 25 years would be dissolved or revoked on September 27 for failing to file. Unless I pay a 400.00 late fee and the original \$150.00 fee.

I'm enclosing the canceled check for \$150 to Florida Council For Corporations.

Mark McCarty Carpentry, Inc.  
459 S. Summerlin Ave.  
Sanford, FL 32771  
407 719 7070

**\*\* What would satisfy your complaint?**

1. I would love to see these scammers put out of business.
2. I know I'll never see the 150.00 again but would like to have the late fee of 400.00 rescinded.
3. Would also like to see this company prosecuted for taking advantage of the elderly as I'm over and almost 70 years old. (:)

**\*\*The department cannot require businesses to take a particular action such as repairing or replacing a product or refunding money. The department may act as a mediator to attempt dispute resolutions; however, on occasion, the only recourse is to seek legal remedy through the court system.**

**My signature authorizes the Department of Agriculture and Consumer Services to take any action deemed necessary for purposes of mediation, investigation or enforcement. I understand that the department does not give legal advice and cannot take legal action for me. I am filing this complaint to notify the department of the activities of this business/ individual and to seek any assistance available. I ACKNOWLEDGE THAT I AM AWARE THAT THE PERSON/ BUSINESS WHICH I AM COMPLAINING AGAINST WILL RECEIVE A COPY OF THIS COMPLAINT.**

Signature: \_\_\_\_\_

Date: Aug. 12th, 2019

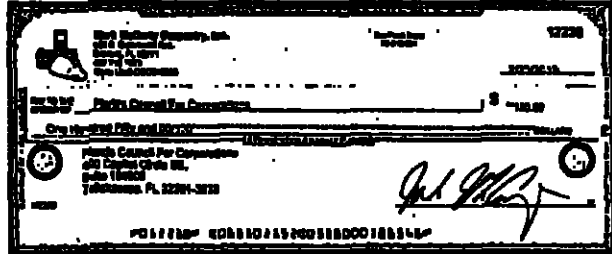
☐ I am filing this complaint for information purposes only and DO NOT want mediation assistance.

SUNTRUST BANK  
PO BOX 305183  
NASHVILLE TN 37230-5183

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02/28/2019



## Account Statement



Ck # 12238      02/28      \$150.00