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8509221870

Clear

Warning: Do not use the Back or Refresh button or you will be charged more than once.

\* Required fields

Payment Method\* American Express Card Number\* Expiration\* Month 01 V Year 2013 Name on Card\* Billing Address\* 2555 Shumard Oak Blvd Tallahassee State or Province\* District of Columbia

Zip or Postal Code\* Country\*

Email Address\* wmarshall@isf.com

Payee:	Florida Department of Business and Professional Regulations
Payment Amount:	\$ 500.00
Convenience Fee:	<b>\$</b> 510.33
Payment Total:	\$ 10.33

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 Phone: 850-487-1824

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