

State of Florida
Department of Agriculture and Consumer Services
BOB CRAWFORD, Commissioner
DIVISION OF CONSUMER SERVICES
CONSUMER COMPLAINT FORM
570.544(3), F. S.

DOCUMENT REDACTED
Exemption 6, FOIA
5 USC 552(b)(6)

PLEASE TYPE OR PRINT THIS FORM COMPLETELY. ILLEGIBLE FORMS WILL BE DELAYED.

Person Making Complaint:

Miss/Ms. _____
Mrs./Mr. Holmes Harrie L
Last Name, First Name, Middle Initial

Mailing Address

City & County

State & Zip Code

Social Security Number

(Area code) Home phone

(Area code) Work phone

Complaint is Against:

INVENTIA Technologies Corp.
Use full, legal name

2655 Lejeune Road/Suite 551
Mailing Address

Coral Gables, FL 33134-5846
City & County

State & Zip Code

(800) 940-9020
(Area code) Telephone

Deborah Disnard
Owner or Contact person

DOCUMENT REDACTED
Exemption 3, FOIA
5 USC 552(b)(3)

Because certain age groups enjoy specific protections under the law, please circle your age group:

The Product or Service involved: _____

Date this sale was made: Approximately 3 / 1 / 00 This sale was made by? ☐ Telephone ☒ Mail ☐ Other

If you never received your ^{Service} purchase, please complete this statement: "On ____ / ____ / ____ (date) I learned that I would not receive the product or service I purchased."

Amount Paid for the product or service: \$3754.00 Payment made by? ☐ Credit Card ☒ Check ☐ Cash

Did you sign a contract or any other similar papers? Yes Date? 6/14/00 Where? My Home

Attach copies of any letters written to or received from the business. Also attach copies of estimates, invoices, advertisements, warranties, canceled checks (both sides), and other supporting documents. Proof of payment is required. DO NOT SEND ORIGINALS.