APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. _____
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

_____

_____
Mailing Address of Business

_____
City State Zip Code

3. Florida County of principal place of business: _____

_____
(see instructions if more than one county)

FEI Number: _____

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. _____
Last First M.I.

_____
Address

_____
City State Zip Code

2. _____
Last First M.I.

_____
Address

_____
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

_____
Address

_____
City State Zip Code

Florida Document Number _____

FEI Number: _____

☐ Applied for ☐ Not Applicable

2. _____
Entity Name

_____
Address

_____
City State Zip Code

Florida Document Number _____

FEI Number: _____

☐ Applied for ☐ Not Applicable

Section 3

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_____ _____
Signature of Owner Date E-mail address: (to be used for future renewal notification)

Phone Number: _____

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____

_____, which was registered on _____ and was assigned

registration number _____

_____ _____
Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☐ Certificate of Status — $10 ☐ Certified Copy — $30

NON-REFUNDABLE PROCESSING FEE: $50