

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 a business entity suffix or indicator)

2. _____
Mailing Address of Business

City State Zip Code

3. Florida County of principal place of business: _____

(See instructions if more than one county)

4. FEI Number: _____

This space is for office use only
CR4E001 (6/17)

Section 2

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

1. _____ 2. _____
Last First M.I. Last First M.I.

_____ Address _____ Address

_____ City State Zip Code _____ City State Zip Code

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

2. _____ 2. _____
Entity Name Entity Name

_____ Address _____ Address

_____ City State Zip Code _____ City State Zip Code

Florida Document Number: _____ Florida Document Number: _____

FEI Number: _____ FEI Number: _____

Applied For Not Applicable 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 in Section 1 _____ Date _____ Email 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 of Registration being Cancelled _____ Date _____ Signature of Owner of Registration being Cancelled _____ Date _____

Mark the applicable boxes Certificate of Status- \$10 Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

Instructions for Completing Application for Registration of Fictitious Name

Section 1: **Line 1:** Enter the exact name you wish to register. NOTE: Pursuant to s. 865.09 (14), F.S., a fictitious name may not contain a business entity suffix or indicator (i.e, Corporation, Incorporated, Limited Liability Company, Limited Partnership, Professional Association, Corp., L.L.C., L.P., P.A., etc.) unless at least one registrant is a business entity of the same type duly incorporated, organized, formed, or otherwise authorized to transact business in this state.

Line 2: Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1. An address may be changed at any future date with no charge by simply writing the Division.

Line 3: Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple."

Line 4: Enter the Federal Employer Identification (FEI) number if known or if applicable. Please do not enter your social security number.

Section 2: **Part A:** Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided.

Part B: Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their document number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.

Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.

Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.

Section 3: Signature of the owner is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application.

Section 4: **TO CANCEL A REGISTRATION ON FILE:** Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled. An owner's signature is required for cancellation.

TO CHANGE OWNERSHIP OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.

TO CHANGE THE NAME OF A REGISTRATION: Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed when the fictitious name registration has been filed. The acknowledgement letter and any certification requested will be mailed to the address provided in Section 1. For **Cancellations Only:** please provide a mailing address on an attachment, if the address on our records is no longer valid. To request a certificate of status and/or certified copy, please check the appropriate box(es) and include the additional fee(s) (\$10 for a certificate of status, \$30 for a certified copy).

The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to:

Fictitious Name Registration
PO Box 6327
Tallahassee, FL 32314

Internet Address:
www.sunbiz.org

Courier Address
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.