



FICTITIOUS NAME AFFIDAVIT



I (we) Name _____

Home address _____

Fictitious Name _____

Acknowledge that I (we) am (are) aware that registration with the Division Of Corporations of the Department of State is **Mandatory** for the Fictitious Name act, effective October 1, 1994.

Signature: _____

Sworn to and subscribed before me this ____ day of _____ 20 _____,
at Pompano Beach, Broward County, Florida.

NOTARY PUBLIC
SEAL OF OFFICE

Notary Public State of Florida

(Printed name of Notary)

_____ Personally Known
_____ Produced identification
Type of identification:
