

JACKSONVILLE  
**Daily Record**  
*Serving Duval, Clay, Nassau & St. Johns Counties*

Select County for Publication: \_\_\_\_\_  
*(Duval, Clay, Nassau, St. Johns)*

**Notice Under Fictitious Name Law**  
*According to Florida Statute Number 865.09*

NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the Fictitious Name of

\_\_\_\_\_  
*(Fictitious Name)*

located at \_\_\_\_\_, in the City of \_\_\_\_\_,  
*(Address of Business) (Name of City)*

\_\_\_\_\_ County, Florida \_\_\_\_\_ intends to register the said name with the  
*(County) (Zip Code)*

Division of Corporations of the Department of State, Tallahassee, Florida.

Dated at Jacksonville, Florida, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*(Business Owner)*

\_\_\_\_\_  
*(If incorporated, name of Officer of Corporation)*

The above notice is to be published one time in Jacksonville Daily Record. Cost of one time advertisement is \$32.50, which includes Proof of Publication. Form and payment can be mailed-in, dropped-off or faxed.

\* **Mail** this form with \$32.50 payment to:  
 Jacksonville Daily Record  
 Attn: Legal Advertising Department  
 P.O. Box 1769  
 Jacksonville, FL 32201

\* **Drop off or Fax** this form with \$32.50 payment to:  
 Jacksonville Daily Record  
 121 W Forsyth St, Suite 150  
 Jacksonville, FL 32202  
 (904) 356-2466; FAX (904) 353-2628

\* DO NOT EMAIL CREDIT CARD INFORMATION

**(Visa, MasterCard, American Express or Discover)**

<i>Cardholder's Name (PRINT)</i>		<i>Signature of Cardholder</i>	
<i>Account No.</i>		<i>Expiration Date</i>	<i>CVV2</i>
<i>Billing Address</i>		<i>City/State</i>	<i>Zip</i>

Proof of Publication will be addressed as follows:

**Preferred delivery method:** \_\_\_ Mail or \_\_\_ Email

Company, Law Firm or Accounting Firm (if applicable) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_