



Finance and Administrative Services Department
REVENUE COLLECTION DIVISION – Tax & License Section
115 S. Andrews Avenue, Room A-100 • Fort Lauderdale, Florida 33301 • 954-831-4000 • FAX 954-468-3476

SUBJECT: FICTITIOUS NAME ACT: “FS 865.09”

(1) I declare that I have registered, or will register, with the Division of Corporations of the Department of State, for the Fictitious Name Act.

PRINT YOUR NAME _____

PRINT YOUR FICTITIOUS NAME (D/B/A) _____

OR

**(2) I do not have to comply with the Fictitious Name Act because:
(Check Appropriate Box)**

- I AM USING MY FULL LEGAL NAME**
- MY BUSINESS IS REGISTERED AS A CORPORATION**
- OTHER**

Fictitious Name Registration Packets can be obtained in the Governmental Center’s Main Lobby at the Security Desk or you may contact:

Florida Department of State
Division of Corporations
(850)488-9000

You may register on-line at www.sunbiz.org

FAILURE TO COMPLY WITH THE FICTITIOUS NAME REGISTRATION PROVISIONS OF SECTION 865.09, FLORIDA STATUTES, IS A MISDEMEANOR OF THE SECOND DEGREE AND PUNISHABLE AS PROVIDED IN SECTION 775.082 OR SECTION 775.083, FLORIDA STATUTES.

I UNDERSTAND THAT BY SIGNING THIS FORM, THAT IF ANY OF THE ABOVE IS NOT TRUE, I WILL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

Signature _____

**For Office Use Only
Fictitious Name Form No. 401-215 (Rev. 04/04)**