



City of Ocala

LICENSING & CERTIFICATION

P.O. BOX 1270, OCALA, FLORIDA 34478-1270

(352) 629-8421

(352) 629-6432 FAX

AFFIDAVIT OF COMPLIANCE

I _____ do affirm that I am submitting a
"Fictitious Name Registration Package" to the Florida Department of
State for recording in the name of _____.

A copy will be supplied to the **Licensing Department** as soon as it is
approved.

Signature

Date

STATE OF FLORIDA COUNTY OF MARION

The foregoing instrument was sworn to, subscribe and acknowledge before me

This _____ day of _____, 200_____.

Signature of Notary of Public
State of Florida

Notary Stamp

Personally known to me _____ or Produced Identification _____

Type of ID _____