



Growth Management Department
201 SE 3rd ST, (Second Floor), Ocala, FL 34471
(352) 629-8421; FAX: (352) 629-8242

City of Ocala

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, subscribed and acknowledged before me
this _____ day of _____, 20____.

Signature of Notary Public
State of Florida

Notary Stamp
Personally known to me _____ or produced identification _____

Type of identification _____