



City of Pompano Beach
Department of Development Services
Business Tax Receipt Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4668 / 954.786.4633 Fax: 954.786.4666

Affidavit: Fictitious Name

I (we) Name \_\_\_\_\_
(Print Name(s))

Home address \_\_\_\_\_
(Street Address)

Fictitious Name \_\_\_\_\_
(Please print)

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, 1994.

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ (PRINT NAME)
who after being duly sworn, deposes and says: That I am the person whose signature appears below,
and that the information I have provided above in this document is true and correct.

Signature: \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this
\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

\_\_\_\_\_  
Notary Public, State of Florida

(Print Name of Notary Public)
\_\_\_\_\_ Personally Known

\_\_\_\_\_ Produced Identification

Type of identification produced:
\_\_\_\_\_