

# THE ST. AUGUSTINE RECORD

StAugustine.com

Legal Notice Advertisement Request Form

## Notice Under Fictitious Name Law Pursuant to Section 865.09, Florida Statutes

NOTICE IS HEREBY GIVEN that the undersigned, desiring to engage in business under the fictitious name of \_\_\_\_\_ (*Fictitious Name*) located at

\_\_\_\_\_, in the County of \_\_\_\_\_,  
(*Address of Business*) (Name of County)

in the City of \_\_\_\_\_, \_\_\_\_\_ intends to register the said name  
(City) (St.) (Zip Code)  
with the Division of Corporations of the Florida Department of State, Tallahassee, Florida.

Dated at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(City) (St)

\_\_\_\_\_  
(*Print owner's name or name of corporation*)

The above notice is to be published one time in THE ST. AUGUSTINE RECORD.

**Cost: \$30.00 must be paid when form is submitted. Cash, check or credit card.**

**Submit one of the following ways:**

- **Mail to: ATTN: Legal Advertising, P.O. Box 1630, St. Augustine, FL 32085**
- **Drop off at: One News Place, St. Augustine, FL (Corner SR312/SR207)**
- **Fax to: 904-819-3523**
- **E-mail to: [legals@staugustine.com](mailto:legals@staugustine.com)**

<b>(PLEASE CIRCLE CARD TYPE) Visa, Discover, MasterCard or American Express</b>	
Cardholder's Name (PRINT)	
Account No.	Expiration Date
<i>If, different than below, Address Card is Billed to:</i>	
Signature of Cardholder	

Proof of Publication will be sent to:

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

One News Place, St. Augustine, FL 32086  
P.O. Box 1630, St. Augustine, FL 32085  
Phone: 904-829-6562