

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G11000030979

Fictitious Name to be Registered: BOBBY'S TRANSMISSION

Mailing Address of Business: 612 KING STREET
JACKSONVILLE, FL 32204

Florida County of Principal Place of Business: DUVAL

FEI Number:

FILED
Mar 28, 2011
Secretary of State

Owner(s) of Fictitious Name:

CHANNELL, BOBBY R
5610 JENKINS LOOP
KEYSTONE HEIGHTS, FL 32656 US

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

BOBBY RAY CHANNELL

03/28/2011

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()