



ROXANNE ACOSTA-HELLBERG
JEFFERSON COUNTY CLERK
P.O. BOX 1151
BEAUMONT, TEXAS 77704-1151

ASSUMED NAME RECORD
CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

NOTICE: CERTIFICATES OF OWNERSHIP ARE VALID ONLY FOR A PERIOD NOT TO EXCEED 10 YEARS FROM THE DATE FILED IN THE COUNTY CLERK’S OFFICE. THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN AN "ASSUMED NAME (DBA)" CERTIFICATE. A CERTIFICATE IS VOID AT THE END OF THE CERTIFICATES STATED TERM, UNLESS WITHIN SIX MONTHS PRECEDING THE EXPIRATION DATE THE REGISTRANT FILES A RENEWAL CERTIFICATE. (CHAPTER 71, BUSINESS AND COMMERCE CODE)

THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK, § 71.054
FILING FEE: \$22.50 WITH ONE OWNER (ADD .50¢ FOR EACH ADDITIONAL OWNER)

NAME IN WHICH BUSINESS OR PROFESSIONAL SERVICE IS OR WILL BE CONDUCTED:

PRINT OR TYPE ASSUMED NAME

BUSINESS ADDRESS:

CITY: STATE: ZIP CODE:

PERIOD (NOT TO EXCEED 10 YEARS) DURING WHICH THE REGISTRANT WILL USE THE ASSUMED NAME:

BUSINESS THAT IS OR WILL BE CONDUCTED OR THE PROFESSIONAL SERVICE THAT IS OR WILL BE RENDERED AS A (CHECK ONE):

- ☐ Proprietorship
- ☐ Sole Practitioner
- ☐ Joint Venture
- ☐ Partnership
- ☐ Real Estate Investment Trust
- ☐ Joint Stock Company Trust
- ☐ Other form of Unincorporated Business or Professional Association or entity *other than a limited partnership, limited liability company, limited liability partnership, or foreign filing entity* SPECIFY:

CERTIFICATE OF OWNERSHIP

I/We, the undersigned, am/are the registrant(s) of the above business and my/our name(s) and address(es) given is/are true and correct, and there is/are no ownership(s) in said business other than those listed herein below. Intentionally providing false or fraudulent information on this application is a violation of the law and may result in imprisonment, TEXAS BUSINESS AND COMMERCE CODE, Chapter 71, § 71.202 and § 71.203.

NAMES OF REGISTRANTS
(Please print or type)

NAME: SIGNATURE:

Residence Address:

NAME: SIGNATURE:

Residence Address:

NAME: SIGNATURE:

Residence Address:

THE STATE OF TEXAS
COUNTY OF JEFFERSON

BEFORE ME, THE UNDERSIGNED AUTHORITY, on this day personally appeared

known to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument and acknowledged to me that (s)he is/are the registrant(s) of the above named business and that (s)he signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL, on this day of , 20

Notary
Seal:

Signature of Notary Public / Deputy County Clerk
Printed name of
Deputy County Clerk:

For Clerk’s Use Only

Return Original To:

Name:

Address:

City, State, Zip: