KARA SANDS,
COUNTY CLERK
NUECES COUNTY,TEXAS

Total Fee to Record
$18.00
Each Additional Name Added
$0.50
Free for Veterans

ASSUMED NAME RECORD CERTIFICATE OF OWNERSHIP FOR UNINCORPORATED BUSINESS OR PROFESSION

FOR AN UNINCORPORATED BUSINESS OR PROFESSION OTHER THAN AS A CORPORATION, LIMTED PARTNERSHIP, LIMITED LIABILITY COMPANY, LIMITED LIABILITY PARTNERSHIP, PROTECTED SERIES OR REGISTERED SERIES OF A LIMITED LIABILITY COMPANY, OR FOREIGN FILING ENTITY.

Business Name:_____

Business Address:_____

City:_____ **State:**_____ **Zip Code:**_____ **Veteran Owned**_____

THE BUSINESS THAT IS OR WILL BE CONDUCTED OR THE PROFESSIONAL SERVICE THAT IS OR WILL BE RENDERED IN NUECES COUNTY UNDER THE ASSUMED NAME IS BEING OR WILL BE CONDUCTED OR RENDERED AS (CHECK ONE):

☐ **Sole Proprietorship** ☐ **Sole Practitioner** ☐ **General Partnership**

☐ **Other Form of Unincorporated Business**_____

CERTIFICATE OF OWNERSHIP

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 (CHAPTER 36, SEC.1, TITLE 4 - BUSINESS AND COMMERCE CODE) THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK.

I/WE, THE UNDERSIGNED, ARE THE OWNER(S) OF THE ABOVE BUSINESS AND MY/OUR NAME(S) AND ADDRESS(ES) GIVEN IS/ARE TRUE AND CORRECT, AND THERE IS NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW.

NAME(S) OF REGISTRANT/OWNER

Name:_____ **Signature**_____
(PRINT) (First - Middle - Last Name)

Address:_____**City:**_____ **State:**_____ **Zip Code:**_____

Name:_____ **Signature**_____
(PRINT) (First - Middle - Last Name)

Address:_____ **City:**_____ **State:**_____ **Zip Code:**_____

The State of Texas, County of Nueces

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

_____

known to me to be the person whose name is subscribed to the foregoing instrument and, under oath, acknowledged to me that he/she signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ **DAY OF** _____, **20**_____

_____
Signature of Notary Public