

ASSUMED NAME RECORDS



UPSHUR COUNTY, TEXAS

**CERTIFICATE OF OWNERSHIP OF A BUSINESS OR PROFESSION
UNINCORPORATED**

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)

THE COUNTY CLERK IS NOT RESPONSIBLE FOR VERIFYING THE ACCURACY OF THE INFORMATION CONTAINED IN THIS CERTIFICATE. ONCE FILED WITH THE COUNTY CLERK, THIS DOCUMENT BECOMES A PERMANENT RECORD AND MAY BE CHANGED OR AMENDED ONLY BY FILING A NEW CERTIFICATE.

1. **BUSINESS NAME:** _____

PHYSICAL BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

2. **THE PERIOD, NOT TO EXCEED 10 YEARS, DURING WHICH THE ASSUMED NAME WILL BE USED (i.e., "10 years")** _____

3. **BUSINESS IS TO BE CONDUCTED AS (check one):**

Sole Proprietorship **Sole Practitioner** **Joint Venture** **General Partnership**

Other (Specify): _____

CERTIFICATE OF OWNERSHIP

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/are no ownership(s) in said business other than those listed herein below.

NAME(S) OF OWNERS

NAME _____ TITLE _____

RESIDENCE OR MAILING ADDRESS _____
(CITY, STATE, ZIP)

NAME _____ TITLE _____

RESIDENCE OR MAILING ADDRESS _____
(CITY, STATE, ZIP)

NAME _____ TITLE _____

RESIDENCE OR MAILING ADDRESS _____
(CITY, STATE, ZIP)

WARNING: INTENTIONALLY PROVIDING FALSE OR FRAUDULENT INFORMATION ON THIS APPLICATION IS A VIOLATION OF THE LAW AND MAY RESULT IN IMPRISONMENT OF NOT MORE THAN 5 YEARS AND/OR FINE OF UP TO \$10,000 (TX. Business & Commerce Code §71.203; TX. Penal Code § 37.10). By signing below, the applicant(s) acknowledge(s) understanding of and compliance with the statutes cited.

Printed Name of Owner _____

Signature of Owner _____

Printed Name of Owner _____

Signature of Owner _____

Printed Name of Owner _____

Signature of Owner _____

THE STATE OF _____
COUNTY OF _____

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

Known to me to be person(s) whose name(s) is/are subscribed to the foregoing instrument and under oath, acknowledge to me that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20_____.

Notary Public Signature
(Seal below)



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BUSINESS NAME (IN WHICH BUSINESS IS OR WILL BE CONDUCTED)

PHYSICAL ADDRESS OF BUSINESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

1. The name of the incorporated business or profession as stated in its Articles of Incorporation or comparable document is: _____

2. The state, country, or other jurisdiction under the laws of which it was incorporated is: _____

3. The period, not to exceed ten years, during which the assumed name will be used is: _____ // _____
from date filed to

4. The entity is a (check one):
 Business Corporation Registered Limited Liability Partnership Professional Association
 Professional Corporation Non Profit Corporation Limited Partnership
 Limited Liability Company Real Estate Investment Trust Joint Stock Company

____ If the entity is some other type of business, professional or other association or legal entity (e.g. bank, savings and loan association, etc.) _____

5. If the entity is required to maintain a registered office in Texas, the address of the registered office is: _____

and the name of the registered agent at such address is: _____ . The address of the principal office (if not the same as the registered office) is: _____

6. If the entity is not required to or does not maintain a registered office in Texas, the office address in Texas is: _____

7. The county or counties where business or professional services are being or are to be conducted or rendered under such assumed name are (if applicable, use the designation "all" or "all except ___"): _____

8. If this instrument is executed by the attorney-in-fact, the attorney-in-fact hereby states that he has been duly authorized, in writing, by his principal to execute and acknowledge this instrument:

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By: _____
Signature of officer, representative, or attorney-in-fact

THE STATE OF _____
COUNTY OF _____

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

Known to me to be person(s) whose name(s) is/are subscribed to the foregoing instrument and under oath, acknowledge to me that they signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, on _____, 20_____.

Notary Public Signature
(Seal below)