IN THE COUNTY COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

DIVISION: SMALL CLAIMS CLOCK IN

PLAINTIFF

DEFENDANT

FACT INFORMATION SHEET – BUSINESS ENTITY

NAME/Title of person filling out this form:

ADDRESS

HOME TELEPHONE NUMBER BUSINESS NUMBER

ADDRESS OF BUSINESS ENTITY

TYPE OF ENTITY (check one) CORPORATION PARTNERSHIP LIMITED

PARTNERSHIP SOLE PROPRIETORSHIP LIMITED LIABILITY

CORPORATION (LLC) PROFESSIONAL ASSOCIATION (PA)

OTHER (Please Explain)

Does Business Entity own/have interest in any other business entity? If so please explain:

Gross/Taxable income reported for Federal Income Tax purpose last three years:

\$ \$

TAXPAYER IDENTIFICATION NUMBER

LIST PARTNERS (General or Limited and Designate Percentage of Ownership):

AVERAGE NO. OF EMPLOYEES/MONTH:

NAME OF OFFICES AND DIRECTORS:

CHECKING ACCOUNT AT: ACCOUNT NO.:

SAVINGS ACCOUNT AT: ACCOUNT NO.:

DOES THE BUSINESS ENTITY OWN ANY VEHICLES:

YEARS/MAKES/MODELS:

VEHICLE I.D. NOS.:

TAG NOS.:

LOANS OUTSTANDING:

MAIL OR DELIVER THIS FORM TO THE CLERK OF THE COURT, AND MAIL OR DELIVER A COPY OF THE COMPLETED FORM TO THE JUDGMENT CREDITOR OR THE CREDITOR'S ATTORNEY

Notary Public, State of Florida

My Commission Expires: _____