

JUDGMENT LIEN CERTIFICATE

FOR PURPOSES OF FILING A JUDGMENT LIEN, THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH s. 55.203, FLORIDA STATUTES.

1. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF AN INDIVIDUAL, IS:

LAST NAME FIRST NAME M. I.

MAILING ADDRESS

CITY ST ZIP

2. ADDITIONAL JUDGMENT DEBTOR, IF AN INDIVIDUAL, IS:

LAST NAME FIRST NAME M. I.

MAILING ADDRESS

CITY ST ZIP

3. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON JUDGMENT, IF A BUSINESS ENTITY, IS:

BUSINESS ENTITY NAME

MAILING ADDRESS

CITY ST ZIP

4. FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

5. DEPARTMENT OF STATE DOCUMENT FILE NUMBER: _____

PLEASE CHECK BOX IF DOCUMENT NUMBER IS NOT APPLICABLE

6. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON JUDGMENT OR CURRENT OWNER OF JUDGMENT, IF ASSIGNED:

CREDITOR NAME (S)

MAILING ADDRESS

CITY ST ZIP

7. DEPARTMENT OF STATE DOCUMENT FILE NUMBER: _____

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8. OWNER'S ATTORNEY OR AUTHORIZED REPRESENTATIVE: (ACKNOWLEDGMENT OF FILING WILL BE SENT TO THIS ADDRESS)

NAME

MAILING ADDRESS

CITY ST ZIP

9. AMOUNT DUE ON MONEY JUDGMENT: _____

10. APPLICABLE STATUTORY INTEREST RATE: _____

DO NOT PHOTOCOPY THIS FORM PRIOR TO USE.
BAR CODE MUST BE LEGIBLE.



THIS SPACE FOR USE BY FILING OFFICER

11. NAME OF COURT: _____

12. CASE NUMBER: _____

13. DATE OF ENTRY: _____ MONTH _____ DAY _____ YEAR

UNDER PENALTY OF PERJURY, I hereby certify that: (1) The judgment above described has become final and there is no stay of the judgment or its enforcement in effect; (2) All of the information set forth above is true, correct, current and complete; (3) I have not previously filed a Judgment Lien Certificate regarding the above judgment with the Department of State; and, (4) I have complied with all applicable laws in submitting this Judgment Lien Certificate for filing.

SIGNATURE OF CREDITOR OR AUTHORIZED REPRESENTATIVE

PRINT NAME

NON-REFUNDABLE PROCESSING FEE:

JUDGMENT LIEN WITH ONE DEBTOR \$ 20.00
EACH ATTACHED PAGE, IF NECESSARY \$ 5.00

EACH ADDITIONAL DEBTOR \$ 5.00
(NO CHARGE FOR CREDITOR AFFIDAVIT)

CERTIFIED COPY REQUESTED \$10.00

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