

# JUDGMENT LIEN CORRECTION STATEMENT

THE FOLLOWING IS SUBMITTED IN ACCORDANCE WITH s. 55.207, FLORIDA STATUTES, AS INFORMATION ONLY. THE CORRECTION STATEMENT DOES NOT AFFECT THE EFFECTIVENESS OF THE JUDGMENT LIEN NOR WILL IT CHANGE THE INFORMATION SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE.

## JUDGMENT DEBTOR(S)

1. JUDGMENT DEBTOR (DEFENDANT) NAME AS SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE:

\_\_\_\_\_  
INDIVIDUAL OR BUSINESS ENTITY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

2. ADDITIONAL JUDGMENT DEBTOR, IF APPLICABLE:

\_\_\_\_\_  
INDIVIDUAL OR BUSINESS ENTITY NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

## JUDGMENT CREDITOR(S)

3. JUDGMENT CREDITOR (PLAINTIFF) NAME AS SHOWN ON THE RECORDS OF THE DEPARTMENT OF STATE:

\_\_\_\_\_  
CREDITOR NAME(S)

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

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



THIS SPACE FOR USE BY FILING OFFICER

4. \_\_\_\_\_  
ENTER FILE NUMBER ASSIGNED TO ORIGINAL JUDGMENT LIEN BY DEPARTMENT OF STATE

5. \_\_\_\_\_  
DATE JUDGMENT LIEN FILED WITH DEPARTMENT OF STATE

6. THE JUDGMENT BEARING THE FILE NUMBER REFERENCED ABOVE, TO MY BELIEF, WAS WRONGFULLY FILED OR THE RECORD IS INACCURATE. THE MANNER IN WHICH THE RECORD SHOULD BE CORRECTED TO CURE THE INACCURACY IS STATED BELOW:

7. UNDER PENALTY OF PERJURY, I hereby certify that: (1) All of the information set forth above is true, correct, current and complete; and (2) I have complied with all applicable laws in submitting this Judgment Lien Correction Statement for filing.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

### NON-REFUNDABLE PROCESSING FEE:

JUDGMENT LIEN CORRECTION STATEMENT \$20.00

EACH ATTACHED PAGE, IF NECESSARY \$ 5.00

8. NAME AND ADDRESS TO WHOM ACKNOWLEDGMENT/CERTIFICATION IS TO BE MAILED:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY ST ZIP

CERTIFIED COPY REQUESTED \$10.00

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