

Witness: X _____

PRINT: _____

(Street Address)

(City, State, Zip)

Witness: X _____

PRINT: _____

(Street Address)

(City, State, Zip)

SIGNATURE AFFIXED BY NOTARY
PURSUANT TO §117.05(14),
FLORIDA STATUTES

State of FLORIDA

County of _____

Sworn to (or affirmed) before me this ____ day of _____ 20____, by _____
person making statement

who is personally known to me or produced a _____ as identification

and subscribed by _____ at the direction of and in the presence of
name of notary

_____, and in the presence of these witnesses. Notary affixed signature of
person making statement

person making acknowledgement under the following circumstances: _____

_____.

(SEAL)

notary public signature

notary public printed name

Description of instrument attached: _____
