



DWIGHT D. SULLIVAN, COUNTY CLERK
GALVESTON COUNTY, TEXAS

**ASSUMED NAME RECORD CERTIFICATE OF OWNERSHIP FOR
UNINCORPORATED BUSINESS OR PROFESSION**

Business Name _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business is to be conducted as (check one):

_____ Proprietorship _____ Sole Practitioner _____ Joint Venture _____ Joint Stock Company

_____ General Partnership _____ Real Estate Investment Trust _____ Other _____

CERTIFICATE OF OWNERSHIP

NOTICE: A 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**) THIS CERTIFICATE PROPERLY EXECUTED IS TO BE FILED IMMEDIATELY WITH THE COUNTY CLERK.

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 NO OWNERSHIP(S) IN SAID BUSINESS OTHER THAN THOSE LISTED HEREIN BELOW.

Name _____ Signature _____
(PRINT)

Address _____ City _____ State _____ Zip _____

Name _____ Signature _____
(PRINT)

Address _____ City _____ State _____ Zip _____

Name _____ Signature _____
(PRINT)

Address _____ City _____ State _____ Zip _____

The State of Texas, County of Galveston

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

_____ known to me to be the person whose name is subscribed to the foregoing instrument and, under oath, acknowledged to me that he/she signed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, THIS _____ DAY OF _____, 20____

DWIGHT D. SULLIVAN, COUNTY CLERK
GALVESTON COUNTY, TEXAS

By: _____, or
Deputy

Notary Public