

SANTA BARBARA COUNTY CLERK RECORDER NEW OR RENEWAL FICTITIOUS BUSINESS NAME STATEMENT



New or Renewal Fictitious Business Name Statements can be submitted
TWO (2) ways:

IN PERSON:

\$47.00 for one (1) business name and one (1) registrant in any one of our three (3) offices.

Note: Add \$5.00 for each additional business name or registrant
You **MUST** show government issued photo ID when filing in person

Physical Addresses:

Santa Barbara County Recorder
Hall of Records, County Courthouse
1100 Anacapa Street
Santa Barbara, CA 93101
(805) 568-2250

Santa Maria Government Center
511 East Lakeside Parkway #115
Santa Maria, CA. 93455
(805) 346-8370

Lompoc County Clerk Recorder
401 East Cypress, #102
Lompoc, CA 93436
Please call for office hours
(805) 737-7705

BY MAIL: \$49.00 first class mail for one (1) business name and one (1) registrant **

Note: Add \$5.00 for each additional business name or registrant
Add \$23.50 for return copies via U. S. Postal Delivery Express mail.

Mailing Address:

Santa Barbara County Recorder
P. O. Box 159
Santa Barbara, CA 93102-159

PLEASE READ THE INSTRUCTIONS BELOW BEFORE MAILING OR FILING YOUR STATEMENT:

Faxes are not acceptable.

You must submit a physical street address for the place of business. Post Office Boxes are NOT ACCEPTABLE

After filing, you will receive **three** filed copies of the statement: one for **publication**, one for your **bank**, and one for your **records**. You will also be given a list of adjudicated newspapers in our county and publishing instructions.

For more information, please visit our website www.sbcrecorder.com

OFFICE OF THE SANTA BARBARA COUNTY CLERK

P. O. BOX 159
Santa Barbara, CA 93102
(805) 568-2250

This space reserved for County Clerk

FILE #

TYPE OF FILING (Check one)

- Original
New Filing
Re-file

FICTITIOUS BUSINESS NAME STATEMENT
FILING FEE

\$47.00 FOR FIRST BUSINESS NAME ON STATEMENT
\$5.00 FOR EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT AND DOING BUSINESS AT THE SAME LOCATION
\$5.00 FOR EACH ADDITIONAL REGISTRANT
\$2.00 TO RETURN COPIES VIA 1ST CLASS MAIL
\$23.50 TO RETURN COPIES USPS EXPRESS DELIVERY MAIL

Previous file #

The following person (persons) is (are) doing business as:

*
**
Print Fictitious Business Name(s)
Street address of principal place of business
Mailing address if different
City State Zip COUNTY City State Zip

*** REGISTERED OWNER(S):

1. Full Name Residence Address City State Zip If Corporation or LLC - Print State of Incorporation/Organization
2. Full Name Residence Address City State Zip If Corporation or LLC - Print State of Incorporation/Organization
3. Full Name Residence Address City State Zip If Corporation or LLC - Print State of Incorporation/Organization
4. Full Name Residence Address City State Zip If Corporation or LLC - Print State of Incorporation/Organization

IF MORE THAN FOUR REGISTRANTS, ATTACH ADDITIONAL SHEET SHOWING OWNER INFORMATION

- **** THIS BUSINESS IS CONDUCTED BY: (Check one)
an Individual a General Partnership a Limited Partnership a Limited Liability Company
an Unincorporated Association other than a Partnership a Corporation a Trust Copartners
Married Couple Joint Venture State or Local Registered Domestic Partners a Limited Liability Partnership

***** The registrant commenced to transact business under the fictitious business name or names listed above on
(Insert N/A above if you haven't started to transact business)

- 1. I declare that all information in this statement is true and correct.
2. A registrant who declares as true any material matter pursuant to § 17913 of the Business & Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (1,000).
3. When filing by mail, the following instructions page must be included

SIGNATURE OF REGISTRANT

Print name of person signing. If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

This statement was filed with the County Clerk of SANTA BARBARA COUNTY on the date indicated by the filed stamp in the upper right corner.
NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).

I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE.

JOSEPH E. HOLLAND, SANTA BARBARA COUNTY CLERK BY: Deputy

INSTRUCTIONS FOR COMPLETION OF STATEMENT

Business and Professions Code Section 17913:

* Where one asterisk appears in the form:

- (a) Insert the fictitious business name or names
- (b) Only those businesses operated at the same address and under the same ownership may be listed on one statement

** Where two asterisks appear in the form:

- (a) If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal** place of business in this state
- (b) If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal** place of business outside this state and file with the Clerk of Sacramento County (B&P 17915)
- (c) Mail Box and Post Office Box Numbers **are not acceptable** as a business address when used alone without a street address

*** Where three asterisks appear in the form:

- (a) If the registrant is an **individual**, insert his or her full name and residence address
- (b) If the registrants are a **married couple**, insert the full name and residence address of both parties to the marriage
- (c) If the registrant is a **general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and residence address of each general partner
- (d) If the registrant is a **limited partnership**, insert the full name and residence address of each general partner
- (e) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization
- (f) If the registrant is a **trust**, insert the full name and residence address of each trustee
- (g) If the registrant is a **corporation**, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation
- (h) If the registrants are **state or local registered domestic partners**, insert the full name and residence address of each domestic partner

**** Where four asterisks appear in the form:

- (a) Check whichever of the terms listed on the front of the form best describes the nature of the business

***** Where five asterisks appear in the form:

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
- (b) Insert N/A if you have not yet commenced to transact business under the fictitious business name or names listed

Business and Professions Code Section 17914

The statement shall be signed as follows:

- (a) If the registrant is an individual, by the individual
- (b) If the registrants are a married couple, by a party to the marriage
- (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
- (d) If the registrant is a limited liability company, by a manager or officer
- (e) If the registrant is a trust, by a trustee
- (f) If the registrant is a corporation, by an officer
- (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business name statement **shall** be filed with the clerk of the county in which the registrant has his or her **principal place** of business in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions Code Section 17917

Publication for Original, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 30 days after a fictitious business name statement has been filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 30 days after the completion of the publication.
- (b) If a refiling is required because the prior statement has expired, the refiling need **not** be published, unless there has been a change in the information required in the expired statement, provided the refiling is filed **within** 40 days of the date the statement expired.

Business and Professions Code Section 17922

Abandonment of Fictitious Business Name

- (a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).

ADDENDUM TO FICTITIOUS BUSINESS NAME STATEMENT

I. ADDITIONAL FICTITIOUS BUSINESS NAME(S)

1b. Fictitious Business Name(s)
1c. Fictitious Business Name(s)
1d. Fictitious Business Name(s)
1e. Fictitious Business Name(s)
1f. Fictitious Business Name(s)

II. ADDITIONAL REGISTRANT NAME(S)

Full name of registrant	(If corporation - show State of incorporation)		
Residence address	City	State	Zip code
Full name of registrant	(If corporation - show State of incorporation)		
Residence address	City	State	Zip code
Full name of registrant	(If corporation - show State of incorporation)		
Residence address	City	State	Zip code
Full name of registrant	(If corporation - show State of incorporation)		
Residence address	City	State	Zip code
Full name of registrant	(If corporation - show State of incorporation)		
Residence address	City	State	Zip code

For County Clerk's Use Only

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County Clerk, Recorder and Assessor

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM

VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express not accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

OFFICE USE ONLY

Transaction #: _____