

DBPR 0080-CILB – Request for Name Change for Construction Business Entities

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399 – 0783

This form is to be used by businesses currently licensed by the Construction Industry Licensing Board and is used to report changes of business name. For information regarding applying for licensure or to change the name on your personal license, visit our website at www.MyFloridaLicense.com > Doing Business With Us > Construction Industry, or call our Customer Contact Center at 850.487.1395.

SELECT TRANSACTION TYPE
<p>Transaction Type:</p> <p><input type="checkbox"/> Business Name Change <input type="checkbox"/> Add a Fictitious Name or DBA Name <input type="checkbox"/> Conversion from Corporation to LLC <input type="checkbox"/> Conversion from LLC to Corporation</p> <p>PLEASE NOTE: Changes requested on this form will be applied to the business entity's information record, as well as to ALL primary and secondary qualifying agents licensed by the Construction Industry Licensing Board. An officer of the business entity and ALL primary and secondary qualifying agents must sign this form.</p> <p>If a Financially Responsible Officer has been appointed and previously approved by the Board, the Financially Responsible Officer must also sign this form and submit an original bond or bond rider reflecting the new business name.</p>

FEES REQUIRED
<p>Fees Required:</p> <p><input type="checkbox"/> Contractor License for EACH Primary Qualifying Agent - \$50 <input type="checkbox"/> Contractor License for EACH Secondary Qualifying Agent (if any) - \$50 <input type="checkbox"/> Financially Responsible Officer (if any) - no fee</p>

CURRENT BUSINESS INFORMATION	
Corporate Name	Fictitious Name or DBA Name (if any)
* Document Number of Corporate Name Registration with Division of Corporations	
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	

NEW BUSINESS INFORMATION	
Corporate Name	Fictitious Name or DBA Name (if any)
* Document Number of Corporate Name Registration with Division of Corporations	
Ownership: Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	

**** The Document Numbers for the current and new businesses must be the same for corporate name changes and adding fictitious names or DBAs. For conversions from corporations to LLCs and conversions from LLCs to corporations, the Certificate of Conversion must reflect the change. All other corporate changes require an application for change of status.***

AFFIRMATION

This form must be signed by an officer of the business entity and ALL primary and secondary qualifying agents. If a Financially Responsible Officer has been appointed and previously approved by the Board, the Financially Responsible Officer must also sign this form.

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I pledge to comply with the applicable standards of practice upon licensure, registration or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature of Business Officer

Printed Name of Business Officer

PRIMARY QUALIFYING AGENT
(attach additional sheets as needed)

Signature of Primary Qualifying Agent

Printed Name of Primary Qualifying Agent

Primary Qualifying Agent's Contractor License Number

PRIMARY QUALIFYING AGENT
(attach additional sheets as needed)

Signature of Primary Qualifying Agent

Printed Name of Primary Qualifying Agent

Primary Qualifying Agent's Contractor License Number

SECONDARY QUALIFYING AGENT
(attach additional sheets as needed)

Signature of Secondary Qualifying Agent (if any)

Printed Name of Secondary Qualifying Agent (if any)

Secondary Qualifying Agent's Contractor License Number (if any)

SECONDARY QUALIFYING AGENT
(attach additional sheets as needed)

Signature of Secondary Qualifying Agent (if any)

Printed Name of Secondary Qualifying Agent (if any)

Secondary Qualifying Agent's Contractor License Number (if any)

FINANCIALLY RESPONSIBLE OFFICER

Signature of Financially Responsible Officer (if any)

Printed Name of Financially Responsible Officer (if any)