## CRIMINAL SELF-REPORTING DOCUMENT

Florida Department of Business and Professional Regulation

Note: Effective October 1, 2009, Section 455.227(1)(t), Florida Statutes, requires that a licensee must report to the board or, if there is no board, to the department within 30 days after a licensee is convicted or found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, regardless of adjudication, a crime in any jurisdiction. If you previously reported a criminal conviction or plea to DBPR, you do not need to report it again.

| 1                                                                                                                         | 1 Last Name (Surname), First Name, Middle Name                                                                                                                                                        |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       | 2 Date of Birth |       |          |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------|-----|-------|-------|-----------------|-------|----------|--|
| 3                                                                                                                         | Address                                                                                                                                                                                               |                         | 4                                                                                                                                                                 | City  | у      |                                                              |     | 5     | State | )               | 6     | Zip Code |  |
|                                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| 7                                                                                                                         | Telephone (Home)                                                                                                                                                                                      | 8                       | Teleph                                                                                                                                                            | one ( | (Cell) | 9 E-ma                                                       |     |       |       | il Address      |       |          |  |
| 4.0                                                                                                                       | Destacion (c) List All DDDD Listers                                                                                                                                                                   |                         | -1-1-                                                                                                                                                             |       |        | Dustania unilitaria N                                        |     | - l/- | \ I:- | 4 All DDC       | D I : | Niverin  |  |
| 10<br>a.                                                                                                                  | Profession(s) – List All DBPR Licens                                                                                                                                                                  | 11<br>a.                | Professional License Number(s) – List All DBPR License Numbers:                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
|                                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| b.                                                                                                                        |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| c.                                                                                                                        |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
|                                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| 12                                                                                                                        | Have you pled guilty or nolo contend crime in <u>any</u> jurisdiction? Please check one: Yes No                                                                                                       | <u>any</u>              | Have you been convicted or found guilty in <u>any</u> jurisdiction, regardless of adjudication, of any crime in <u>any</u> jurisdiction? Please check one: Yes No |       |        |                                                              |     |       |       |                 |       |          |  |
| 14                                                                                                                        | For each crime to which you pled guilty or nolo contendere (no contest), or for which you were convicted or found guilty in any jurisdiction, regardless of adjudication, please state the following: |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| a. Name of Court:                                                                                                         |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| b. Address of Court:                                                                                                      |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| c. Case Number:                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| d. Date of Plea or Conviction:                                                                                            |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| e. Name of Crime:                                                                                                         |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| a Name of Courts                                                                                                          |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| a. Name of Court: b. Address of Court:                                                                                    |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| c. Case Number:                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| d. Date of Plea or Conviction:                                                                                            |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| e. Name of Crime:                                                                                                         |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
|                                                                                                                           |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| Note: If you have more than two convictions to report, please attach an additional sheet including the above information. |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| Date: Signature:                                                                                                          |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| Please submit this form to the appropriate mailing address.                                                               |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        |                                                              |     |       |       |                 |       |          |  |
| Mailing Address: Architecture & Interior Design Manausa, Shaw & Minacci, P.A.                                             |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        | Mailing Address: CPA Division of Certified Public Accounting |     |       |       |                 |       |          |  |
| 140-D West 1st Street                                                                                                     |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        | 240 NW 76th Dr, Suite A                                      |     |       |       |                 |       |          |  |
| St. George Island, FL 32328                                                                                               |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        | Gainesville, FL 32607                                        |     |       |       |                 |       |          |  |
| M                                                                                                                         | ailing Address: Real Estate                                                                                                                                                                           |                         |                                                                                                                                                                   |       |        | Mailing Address: All                                         | Oth | ners  |       |                 |       |          |  |
| Division of Real Estate                                                                                                   |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        | Division of Regulation                                       |     |       |       |                 |       |          |  |
| 400 W. Robinson St., N801<br>Orlando, FL 32801                                                                            |                                                                                                                                                                                                       |                         |                                                                                                                                                                   |       |        | 2601 Blair Stone Road<br>Tallahassee, FL 32399-0782          |     |       |       |                 |       |          |  |
|                                                                                                                           | 1141140, 1 2 02001                                                                                                                                                                                    | 1 41141140000, 1 2 0200 |                                                                                                                                                                   | 02    |        |                                                              |     |       |       |                 |       |          |  |