



# COUNTY OF SAN DIEGO

Ernest J. Dronenburg, Jr.  
ASSESSOR/RECORDER/COUNTY CLERK

www.sdarcc.com



## ASSESSOR'S OFFICE

1600 PACIFIC HIGHWAY, SUITE 103  
SAN DIEGO, CA 92101-2422  
(619) 236-3771 • FAX (619) 557-4056

## RECORDER/COUNTY CLERK'S OFFICE

1600 PACIFIC HIGHWAY, SUITE 260  
P.O. BOX 121750, SAN DIEGO, CA 92112-1750  
(619) 237-0502 • FAX (619) 557-4155

## **PLEASE READ CAREFULLY BEFORE PAYING THE FILING FEE**

- The Customer is responsible for searching the business name before filing a Fictitious Business Name Statement.
- When filling out the form, please **print clearly in BLACK or BLUE INK with NO WHITEOUT.**
- The Clerk's Office cannot provide advice regarding a name that can or cannot be used, except as provided in B&P code 17910.5 sections (a) and (c).
- The Clerk's Office cannot provide assistance in determining how a business is to be conducted.
- After the FBN Statement has been filed with the County Clerk, the registrant is required to publish a notice in a newspaper of general circulation within 30 days from the filing date. The notice is to appear once a week for four consecutive weeks. **Please give the newspaper adequate time to prepare the notice.** The Clerk's Office will provide a newspaper list.
- After the FBN Statement has been filed, the Clerk's Office cannot give refunds.
- After the FBN Statement has been filed, no changes can be made to the filing. Any changes or corrections will require a new filing and filing fee. **NO EXCEPTIONS.**

**The clerk will review the final instructions with you before you leave the office.**



Ernest J. Dronenburg, Jr.
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Recorder/County Clerk
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BY MAIL

1600 PACIFIC HIGHWAY, SUITE 260, SAN DIEGO, CA 92101
P.O. BOX 121750, SAN DIEGO, CA 92112-1750
(619) 237-0502

Return Mailing Address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

FICTITIOUS BUSINESS NAME STATEMENT

TYPE OF FILING AND FILING FEE (Check one)

- Original- \$42.00 (FOR ORIGINAL FILING WITH ONE BUSINESS NAME ON STATEMENT)
Renewal- \$42.00 (NO CHANGES IN THE FACTS FROM ORIGINAL FILING)
EACH ADDITIONAL COPY IS \$2.00 AND EACH ADDITIONAL CERTIFIED COPY IS \$3.00
\$5.00- EACH ADDITIONAL OWNER IN EXCESS OF ONE OWNER
\$5.00- EACH ADDITIONAL BUSINESS NAME FILED ON SAME STATEMENT, DOING BUSINESS AT SAME LOCATION.

FOR OFFICIAL USE ONLY
TYPE OF IDENTIFICATION PROVIDED: [ ] REG [ ] AGENT
[ ] DRIVER'S LICENSE [ ] MILITARY ID [ ] ACK
[ ] PASSPORT [ ] OTHER \_\_\_\_\_

(1) FICTITIOUS BUSINESS NAME(S):

PLEASE NOTE: YOU WILL BE REQUIRED TO PRESENT A VALID PHOTO ID TO FILE THIS STATEMENT IN PERSON.

a. \_\_\_\_\_

b. \_\_\_\_\_

PRINT FICTITIOUS BUSINESS NAME(S)

(2) LOCATED AT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
PHYSICAL BUSINESS ADDRESS (NO P.O. BOXES OR POSTAL FACILITIES) CITY STATE COUNTY ZIP CODE

MAILING ADDRESS:

(3) REGISTRANT INFORMATION: (Individual, Corp., LLC, Gen. Partner, etc.)

a. \_\_\_\_\_
If individual-spell out first and last name

Residence Address, if Corp. or LLC enter physical address (No P.O. BOXES OR POSTAL FACILITIES) City State Zip Code

If Corporation or LLC - Print State of Incorporation/Organization

b. \_\_\_\_\_
If individual-spell out first and last name

Residence Address, if Corp. or LLC enter physical address (No P.O. BOXES OR POSTAL FACILITIES) City State Zip Code

If Corporation or LLC - Print State of Incorporation/Organization

(4) THIS BUSINESS IS CONDUCTED BY: (Check one)

- A. An Individual E. Joint Venture I. A Limited Liability Company
B. A Married Couple F. A Corporation J. Limited Liability Partnership
C. A General Partnership G. A Trust K. An Unincorporated Association-Other than a Partnership
D. A Limited Partnership H. Co-Partners L. State or Local Registered Domestic Partners

(5) THE FIRST DAY OF BUSINESS WAS: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR IF NOT STARTED YET, CHECK HERE [ ] NOT APPLICABLE

I declare that all information in this statement is true and correct. (A registrant who declares as true any material matter pursuant to Section 17913 of the Business and 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).)

(6) Signature \_\_\_\_\_
(Only one is required)

Typed or Printed Name \_\_\_\_\_

Title of Officer, if Limited Liability Company/Corporation \_\_\_\_\_

The form must be legible - no erasures, whiteouts, strikeovers acceptable if accompanied with initials.

THIS STATEMENT WAS FILED WITH THE RECORDER/COUNTY CLERK OF SAN DIEGO COUNTY AS INDICATED BY THE FILE STAMP ABOVE.

NOTICE: IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS (5) 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).

IF SUBMITTING THE STATEMENT IN PERSON, THE REGISTRANT OR AGENT WILL BE ASKED TO PRESENT A VALID PHOTO ID FOR ALL THE FICTITIOUS BUSINESS NAME FILINGS.

IF SUBMITTING THE STATEMENT BY MAIL, THE REGISTRANT OR AGENT MUST ATTACH A COPY OF A VALID PHOTO ID OR A NOTARIZED CERTIFICATE OF ACKNOWLEDGEMENT.

### **INSTRUCTIONS FOR COMPLETION OF FBN STATEMENT**

The form must be legible – no erasures, whiteouts, strikeovers acceptable if accompanied with initials.

#### **Business and Professions Code Section 17913:**

**(1)** Where (1) appears in the form on the front side:

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

**(2)** Where (2) appear in the form on the front side:

- 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.
- 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.
- Mail Box and Post Office Box Numbers **are not acceptable** as a business address.

**(3)** Where (3) appear in the form on the front side:

- If the registrant is an individual, insert his or her full name and residence address.
- If the registrants are a married couple, insert the full name and residence address of both parties to the marriage.
- If the registrant is a general partnership, co-partnership, joint venture, limited liability partnership, or unincorporated association other than a partnership, insert the full name and residence address of each general partner. Two or more names must be listed as the registrants.
- If the registrant is a limited partnership, insert the full name and residence address of each general partner.
- 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 California Secretary of State, and the state of organization.
- If the registrant is a trust, insert the full name and residence address of each trustee.
- 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 California Secretary of State, and the state of incorporation.
- If the registrants are state or local registered domestic partners, insert the full name and residence address of each domestic partner.

**(4)** Where (4) appear in the form on the front side:

- Indicate which of the terms best describes the nature of the business.

**(5)** Where (5) appear in the form on the front side:

- 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.
- If the registrant has not yet commenced to transact business under the Fictitious Business Name or names listed, mark the box “**not applicable**”.

#### **Business and Professions Code Section 17914**

**(6)** 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 either 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.

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THE STATEMENT EXPIRES UPON THE FILING AND PUBLICATION OF A STATEMENT OF ABANDONMENT. (B&P Code Section 17922)

THE STATEMENT DOES NOT EXPIRE IF A WITHDRAWING PARTNER FILES AND PUBLISHES A STATEMENT OF WITHDRAWAL AND ALL OTHER FACTS REMAIN AS ORIGINALLY FILED. (B&P Code Section 17923)

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### **INSTRUCTIONS ON NEWSPAPER PUBLICATION REQUIREMENTS**

#### **Business and Professions Code Section 17917**

(a) Within 30 days after a fictitious business name statement has been filed pursuant to this chapter, the registrant shall cause a statement in the form prescribed by subdivision (a) of Section 17913 to be published pursuant to Section 6064 of the Government Code 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.

(b) Subject to the requirements of subdivision (a), the newspaper selected for the publication of the statement should be one that circulates in the area where the business is to be conducted.

(c) 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.

(d) An affidavit showing the publication of the statement shall be filed with the county clerk where the fictitious business name statement was filed within 30 days after the completion of the publication.

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). (B&P Code Section 17930)



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THIS SPACE FOR USE OF RECORDER/COUNTY CLERK

**FICTITIOUS BUSINESS NAME STATEMENT**  
**MAIL IN FILINGS**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not to the truthfulness, accuracy, or validity of that document.

**CERTIFICATE OF ACKNOWLEDGMENT**

The form must be legible – no erasures, whiteouts, strikeovers acceptable if accompanied with initials.

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
 (Insert name and title of the officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Personally Known **OR**  Produced Identification.  
 Type of Identification produced \_\_\_\_\_

\_\_\_\_\_  
 NOTARY SIGNATURE

*Please mail this along with your statement and payment  
 (check or money order payable to SD County Recorder) to:*

San Diego Recorder/County Clerk  
 Attn: Vital Records  
 P.O. Box 121750  
 San Diego, CA 92112-1750