

FLORIDA UNITED BUSINESSES ASSOCIATION
APPLICATION FOR STOCK CERTIFICATES

(Please type or print legibly.)

Corporation Name _____

Mailing Address _____

Contact Person _____

Phone _____

Officer(s)/Director(s) Name & Address

List all officers who own stock in the corporation and how many shares of stock they each own. You cannot issue more shares than you authorized in your Articles of Incorporation, unless you amend your Articles. Also, the officers owning stock must be listed as corporate officers in the Department of State, Division of Corporation's database. If you have officers who are not listed on the database, you must amend your Articles of Incorporation.

Under Florida law, only 3 officers of each corporation are eligible to exempt themselves from workers' compensation coverage. To be exempt, each officer must own at least 10% of the corporate stock issued. Please list the number of shares owned by each officer below.

Title (President, Vice President, Secretary, Treasurer, etc.) _____

Name _____
 First Middle Last

Address _____

City, State, Zip _____

Shares Owned _____
(DO NOT LEAVE BLANK)

Title (President, Vice President, Secretary, Treasurer, etc.) _____

Name _____
 First Middle Last

Address _____

City, State, Zip _____

Shares Owned _____
(DO NOT LEAVE BLANK)

Title (President, Vice President, Secretary, Treasurer, etc.) _____

Name _____

First

Middle

Last

Address _____

City, State, Zip _____

Shares Owned _____

(DO NOT LEAVE BLANK)

Payment Information

The fee to issue stock certificates is \$30.00. We will **ONLY** accept a check, cashier's check, money order or credit card.

Credit Card Information – ALL FIELDS ARE REQUIRED

Credit Card # _____ - _____ - _____ Expiration Date: _____ / _____

Security Code: _____

(3-digit code located on the back of card; 4-digit code located on the front of card for American Express)

Authorized Signature: _____

Billing First Name: _____

Billing Last Name: _____

Billing Address: _____

Billing City: _____

Billing State: _____

Billing Zip Code: _____

Billing Day Phone: (_____) _____

Please make sure a form of payment is included with your application. Make your check, cashiers check or money order payable to FUBA (Florida United Businesses Association).

WE WILL NOT PROCESS ANY APPLICATION UNTIL PAYMENT HAS BEEN RECEIVED.

Return completed application to Florida United Businesses Association.

By mail: PO Box 1302, Tallahassee, FL 32302

By fax: (850) 681-0765

If you have any questions, please call FUBA at (800) 262-4483.