

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G19000073851

**Fictitious Name to be Registered:** K&B HOME ETC.

**Mailing Address of Business:** 5198 WILLING STREET  
MILTON, FL 23570

**Florida County of Principal Place of Business:** MULTIPLE

**FEI Number:**

**Owner(s) of Fictitious Name:**

SWORT, WILLIAM  
4897 MULATTO BAYOU DR.  
MILTON, FL 32570

**FILED**  
**Jul 05, 2019**  
**Secretary of State**

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

WILLIAM SWORT

07/05/2019

\_\_\_\_\_  
Electronic Signature(s)

\_\_\_\_\_  
Date

**Certificate of Status Requested (X)**

**Certified Copy Requested ( )**