



JOSEPH E. SMITH  
CLERK OF THE CIRCUIT COURT  
ST. LUCIE COUNTY, FLORIDA  
COUNTY CIVIL DIVISION  
250 N.W. COUNTRY CLUB DRIVE  
PORT SAINT LUCIE, FLORIDA 34986  
(772) 785-5880

In the County Court,  
Nineteenth Judicial Circuit,  
in and for County of St. Lucie,  
State of Florida – Civil Division

Case No.

PLAINTIFF,

VS

DEFENDANT.

\_\_\_\_\_ /

**FACT INFORMATION SHEET – BUSINESS ENTITY**

NAME/TITLE OF PERSON FILLING OUT THIS FORM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (HOME): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_

ADDRESS OF BUSINESS ENTITY: \_\_\_\_\_

TYPE OF ENTITY: (check one)  CORPORATION  PARTNERSHIP  LIMITED PARTNERSHIP  SOLE PROPRIETORSHIP  LIMITED LIABILITY CORPORATION (LLC)

PROFESSIONAL ASSOCIATION (PA)  OTHER: (please explain) \_\_\_\_\_

DOES BUSINESS ENTITY OWN/HAVE INTEREST IN ANY OTHER BUSINESS ENTITY? IF SO PLEASE EXPLAIN: \_\_\_\_\_

GROSS/TAXABLE INCOME REPORTED FOR FEDERAL INCOME TAX PURPOSES LAST THREE YEARS: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

TAXPAYER IDENTIFICATION NUMBER: \_\_\_\_\_

LIST PARTNERS (GENERAL OR LIMITED AND DESIGNATE PERCENTAGE OF OWNERSHIP):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AVERAGE NUMBER OF EMPLOYEES/MONTH: \_\_\_\_\_

NAMES OF OFFICERS AND DIRECTORS: \_\_\_\_\_

\_\_\_\_\_  
CHECKING ACCOUNT AT: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

SAVINGS ACCOUNT AT: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

DOES THE BUSINESS ENTITY OWN ANY VEHICLES: \_\_\_\_\_

YEARS/MAKES/MODELS: \_\_\_\_\_

VEHICLE I.D. NOS: \_\_\_\_\_

TAG NOS: \_\_\_\_\_

LOANS OUTSTANDING: \_\_\_\_\_

DOES THE BUSINESS ENTITY OWN ANY REAL PROPERTY: YES \_\_\_\_\_  
NO \_\_\_\_\_

IF YES, ADDRESS: \_\_\_\_\_

PLEASE CHECK IF THE BUSINESS ENTITY OWNS THE FOLLOWING:

- |                               |                           |
|-------------------------------|---------------------------|
| _____ BOAT                    | _____ CAMPER              |
| _____ STOCKS/BONDS            | _____ OTHER REAL PROPERTY |
| _____ OTHER PERSONAL PROPERTY | _____ INTANGIBLE PROPERTY |

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE FOREGOING ANSWERS ARE TRUE AND COMPLETE

\_\_\_\_\_  
DEFENDANT'S DESIGNATED REPRESENTATIVE

STATE OF FLORIDA  
COUNTY OF ST LUCIE

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON \_\_\_\_\_  
BY \_\_\_\_\_  
WHO IS PERSONALLY KNOWN TO ME OR HAS PRODUCED \_\_\_\_\_  
AS IDENTIFICATION AND WHO \_\_\_\_\_ DID/DID NOT \_\_\_\_\_ TAKE AN OATH

WITNESS MY HAND AND OFFICIAL SEAL ON \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA

MY COMMISSION EXPIRES: \_\_\_\_\_

**MAIL OR DELIVER THIS FORM TO THE CLERK OF THE COURT AND MAIL OR DELIVER A COPY OF THE COMPLETED FORM TO THE JUDGMENT CREDITOR OR THE CREDITOR'S ATTORNEY**