



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ONLINE NOTARY PUBLIC: REQUIRED INFORMATION

Name: _____

Notary Commission: _____

Identify in the chart below any Remote Online Notary Service Providers you have used since January 1, 2022, to the date of your submission of this form, to perform remote online notarizations. (Use as many lines as necessary)

Remote Online Notary Service Provider Name	Effective Start Date	Effective End Date (if applicable)



If applicable, identify any secured repositories to which you have delegated your duty to retain your electronic journal pursuant to s. 117.245(4), F.S, since January 1, 2022, to the date of your submission of this form.

Secure Repository Name	Address	Email or Phone Number	Effective Start Date	Effective End Date (if applicable)

Notary signature: _____ Date: _____

Submit your information form to the Division of Corporations by either completing the form online at online-notary.sunbiz.org or by submitting a completed copy of this form by email at NotariesCorpHelp@DOS.MyFlorida.com. If you have questions, please contact the Notary Section at (850) 245-6975.