## Exhibit "B"

## CERTIFIED PROCESS SERVER RENEWAL APPLICATION NINETEENTH JUDICIAL CIRCUIT

Date:			
Name:	 Last	First	Middle
			······································
Mailing Address:		Number and Street/P.O. Box	
		City, State, Zip Code	
Residence A	Address If [	Different From Mailing Address Above:	
		Number and Street	
		City, State, Zip Code	
Telephone(	s):		
E-mail(s):			
Business N		ddress:	
		Number and Street	
		City, State, Zip Code	
Business Te	elephone(s)	:	
Social Secu	ırity Numbe	r:	

Race:	_ Height:	Weight:		
Eye Color	Hair Col	or		
Have you ever been ar	rested for any crime	e, including criminal traffic violations?		
Ye	s No			
If you answered disposition(s).	l yes, attach a stat	ement detailing the facts of the arrest(s) and		
List all counties in which of certification(s).	ch you are certified	to serve process and the date(s) of expiration		
County		Date Certification Expires		
declare that I have read further understand that	d the foregoing doc any misinformation rtunity to become	Florida Statutes, <u>under penalties of perjury</u> , I ument and that the facts stated in it are true. In supplied herein shall result in an immediate or remain a certified process server in the		
Signature of Certified F	Process Server	Date		
DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY				
ID No:	Issued:	Renewal Date:		
Last Education/Training	<b>]</b> :			