



LOST/STOLEN STAMP NOTIFICATION

Please mail your notice directly to the state to the following address:

**Division of Corporations
Notary Commissions and Certification Section
P.O. Box 6327
Tallahassee, FL 32314**

In accordance with the provision of F.S. 117.05(d), I, the undersigned, hereby notify the Department of State and the Governor that: (check the appropriate response and provide an explanations).

- My stamp has been stolen and has not been reported to law enforcement authorities.
- My stamp has been stolen and has been reported to law enforcement authorities.
- I believe my stamp to be in the possession of another person.
- My stamp has been lost.

This information is true and correct to the best of my knowledge.

X _____
Sign as your name appears on your commission

Date: _____

Print as your name appears on your commission

Date of Birth: _____

Commission Number: _____

Expiration Date: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

MUST READ: After you receive the Notification Letter from the Division of Corporation, Notary Commissions and Certification Section, indicating your new Commission Number, at that point, please mail or fax your Stamp Order Form to Aaron Notary Appointment Services, Inc. For your convenience our fax number is (305) 493-3339.



Notary Stamp & Additional Supplies Order Form

* Self-Inking Rectangular Stamp	\$20.00	<input type="checkbox"/>		Wood Stamp	\$15.00	<input type="checkbox"/>
Self-Inking Round Stamp	\$30.00	<input type="checkbox"/>		Pre Inked Pocket Stamp	\$36.00	<input type="checkbox"/>
Notary Public Journal	\$20.00	<input type="checkbox"/>		Duplicate Notary Certificate	\$17.00	<input type="checkbox"/>
Embosser Seal	\$36.00	<input type="checkbox"/>	→	Choose your Embosser Color:		
				Pink <input type="checkbox"/>	Silver <input type="checkbox"/>	Blue <input type="checkbox"/>
				Red <input type="checkbox"/>	\$6.00	<input type="checkbox"/>

*** FOR AN ADDITIONAL \$6 CHOOSE YOUR STAMP CASE COLOR SELF-INKING RECTANGULAR STAMP ONLY**

- RED**
 BLUE
 FUCHSIA
 PINK
 PURPLE
 GREEN
 GRAY

TOTAL AMOUNT ENCLOSED \$ _____

Mail check or Money order payable to Aaron Notary. Prices include: shipping, handling & taxes.

To order a new or additional stamp, please complete the following:

Name: _____
(As it appears on your commission)

Commission Number: _____ Exp. Date: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

Mail or Fax to:
Aaron Notary Appointment Services, Inc.
P.O. Box 69-3002 Miami, FL 33269-3002 or Fax (305) 493-3339

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize "Aaron Notary Appointment Services, Inc." to charge my VISA/MASTERCARD in the amount of \$ _____ for my notary appointment.
 By signing below, I agree to pay the above amount.

 Name on Credit Card

 Full Address (as listed on your Credit Card Bill including Zip Code)

 Credit Card #

 Expiration Date

 CVV2

 Authorized Signature

 Date Signed