STATEMENT OF NET WORTH

NAME: _____

ADDRESS: _____

_____

TELEPHONE No. _____

ASSETS _____
(As of Date)

Cash on Hand . . . . . $_____
Cash in Bank (see Schedule "A" back side) . . . .$_____
Securities (see Schedule "B" back side) . . . . . .$_____
Accounts Receivable . . . . . .$_____
Loans Receivable . . . . . $_____
Machinery and Equipment (Cost) . . . . . $_____
Autos and Trucks (Attach Appraisal) . . . . . $_____
Buildings (Cost) . . . . . $_____
Land (Appraisal Value – Attach Tax Receipts) . . $_____
_____ . . . . . .$_____
_____ . . . . . .$_____

TOTAL ASSETS . . . . . $_____

LIABILITIES

Accounts Payable . . . . . $_____
Notes Payable . . . . . $_____
Loans Payable . . . . . .$_____
_____ . . . . . .$_____
_____ . . . . . .$_____

TOTAL LIABILITIES . . . . . $_____

NET WORTH (ASSETS MINUS LIABILITIES) . . . . . $_____

_____
(Signature)

Sworn to and subscribed before me this _____ day of _____, 20___.

_____
NOTARY PUBLIC, STATE OF FLORIDA

Notary's Name Printed Here:_____

My Commission Expires_____

Personally Known_____
Produced Identification_____
Type: _____

(See Back Side)

SCHEDULE "A" – CASH IN BANKS:

_____ $_____
(Bank Name and Address)

_____ $_____
(Bank Name and Address)

_____ $_____
(Bank Name and Address)

_____ $_____
(Bank Name and Address)

_____ $_____
(Bank Name and Address)

_____ $_____
(Bank Name and Address)

Total Cash in Banks . . . . . $_____

SCHEDULE "B" – SECURITIES:

_____ $_____
(Institution Name and Address)

_____ $_____
(Institution Name and Address)

_____ $_____
(Institution Name and Address)

Total Securities . . . . . $_____

LIST OF VEHICLES TO BE COVERED BY CERTIFICATE:

Make	Model	Year	Identification Number	Tag Number
Make	Model	Year	Identification Number	Tag Number
Make	Model	Year	Identification Number	Tag Number
Make	Model	Year	Identification Number	Tag Number
Make	Model	Year	Identification Number	Tag Number
Make	Model	Year	Identification Number	Tag Number

CERTIFICATE HOLDER(S) IDENTIFICATION:

Driver License #_____ Social Security #_____

Driver License #_____ Social Security #_____