

## 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: \_\_\_\_\_

Form No. DC-DOS-50 (XX/XXXX)