



# NOTARY PUBLIC COMMISSION APPLICATION

Florida Department of State  
Notary Commissions (850) 245-6975

Aaron Notary Appointment Services  
P.O. Box 69-3002  
Miami, FL 33269-3002

This application and the information it contains, except social security number, are public record and may be disclosed to any person upon request.

Full Name: Hutchens (Last) Patricia (First) Ann (Middle)

Home Address: 4133 E. Busch Blvd Apt. 7 (Street) Tampa (City) FL (State) Hillsborough (County) 33617 (Zip)

Place of Employment: LandAmerica Lawyer's Title  Unemployed  Retired

Business Address: 14802 N. Dale Mabry Hwy. Suite 100 (Street) Tampa (City) FL (State) 33618 (Zip)

Mail to:  Home  Business  Other Address: 14802 N. Dale Mabry Hwy. Suite 100 (Street or P.O. Box) Tampa (City) FL (State) 33618 (Zip)

Home Phone: ( 813 ) 495-211 Business Phone: ( 813 ) 9605300 Extension 206  
(or write 'NONE') (or write 'NONE')

E-Mail Address: patriciahutchens@landam.com Sex:  M  F Race: Black  
(or write 'NONE')

Florida Driver's License (or other State of Florida Issued ID): H325-681-80-605-0 Date of Birth: 3 / 25 / 1980  
(Month/Day/Year)

- Are you a legal resident of Florida?  Yes  No (If No, you are not eligible to apply for a notary commission. Legal residency must be maintained throughout the appointment.)
- Are you a United States citizen?  Yes  No (If No, you must submit a recorded Declaration of Domicile. Obtain this document from your County Courthouse.)
- Are you now or have you ever been commissioned a Notary Public in the State of Florida?  Yes  No If No, you must complete a 3 hour notary education course and submit a signed certificate of completion. (Ch. 668.50(11)F.S.)  
If Yes: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Commission expiration date) \_\_\_\_\_ (Commission number) \_\_\_\_\_ (Name in which your commission was issued)
- Have you held any professional licenses or commissions (other than Notary Public) in Florida during the past 10 years?  Yes  No (If Yes, please list.)  
Have they been revoked?  Yes  No (If Yes, attach an explanation.)
- Have you been disciplined by a regulatory agency, including The Florida Bar, and including disciplinary action that is confidential?  Yes  No (If Yes, you must submit a written statement about the nature of the action and any supporting documentation, such as a copy of the Final Order from the regulating agency.)
- Have you been convicted of a felony, had adjudication of guilt withheld, or are you on probation?  Yes  No (If Yes, you must submit a written statement of the nature of the offense(s), a copy of the court judgement and sentencing order. If convicted, you must submit a Certification of Restoration of Civil Rights.)

## AFFIDAVIT OF CHARACTER

STATE OF Florida Hillsborough County

I, Diane Reese (Print or Type Name of Affiant) am unrelated to and have known Patricia Hutchens (Name of Applicant) for one year or more; and to the best of my knowledge and observation know (him)(her) to be of good character.

My address is 1506 Lakehurst way (Street) Brandon (City) FL (State) 33511 (Zip)

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT AND THAT THE FACTS STATED IN IT ARE TRUE.

Home Phone: ( 813 ) 240-1376  Diane Reese (Signature of Affiant)  
(or write 'NONE')

Work Phone: ( 813 ) 960-5300  
(or write 'NONE')

## OATH OF OFFICE

STATE OF FLORIDA Hillsborough County

I DO solemnly (swear)(affirm) that I will support, protect and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State of Florida; that I have read Chapter 117, Florida Statutes, and any amendments thereto, and know the duties, responsibilities, limitations, and powers of a notary public; and that I will honestly, diligently, and faithfully discharge the duties of Notary Public, State of Florida, on which I am now about to enter, (so help me God).

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION AND OATH AND THAT THE FACTS STATED THEREIN ARE TRUE. I accept the office of Notary Public, State of Florida.

Patricia Hutchens (Signature of Applicant - This is the name in which your commission and notary seal will be issued) Patricia Ann Hutchens (Print or Type Name - Must match signature) 7 / 11 / 2006 (Date)

Social Security Number:

# STATE OF FLORIDA BOND OF NOTARY PUBLIC

**FOR OFFICE USE ONLY**  
Approved by Department of State:

Notary Commissions

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS, That we,

Patricia Ann Hutchens as Principal, and  
(Name of Applicant)

RLI Insurance Company  
(Imprint Name of Surety Company)

( 309 ) 692-1000  
(Telephone Number)

as Surety Company, give bond payable to any individual who may be harmed as a result of a breach of duty by said applicant acting in his/her official capacity as Notary Public, in the amount of Seven Thousand, Five Hundred Dollars (\$7,500) as assurance for the due discharge of the duties of his/her office of Notary Public and we do bind ourselves, and each of our heirs, executors and administrators, jointly and severally.

Applicant was, on the date of issuance of commission, bonded as a Notary Public in and for the State of Florida, to hold office for the term of four years in accordance with the Constitution and Laws of this State.

Now, therefore, if said applicant shall faithfully discharge the duties of the office of Notary Public, as prescribed by law, then this obligation shall be void.

X [Signature]  
(Signature of Applicant)

Signed and sealed this 11<sup>th</sup> day of July 20 06

RLI Insurance Company  
(Name of Surety Company)

P.O. Box 3967, Peoria, IL 61612  
(Address of Surety Company)

Aaron Notary Appointment Services  
(Name of Bonding Agency or Company)

P.O. Box 69-3002, Miami, FL 33269-3002  
(Address of Bonding Agency or Company)

By X [Signature]  
(Signature of Florida Licensed Agent)

A 180637  
(Florida Licensed Agent Number)

Jeffrey Minkoff  
(Printed name of Florida Licensed Agent)



Section 817.234(1)(b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree."

This bond shall be for Seven Thousand, Five Hundred Dollars (\$7,500).  
After execution by surety company, the bond must be submitted to the Department of State for approval and filing before issuance of the notary public commission.  
DS/DE 76 (3/04)

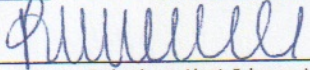
## Notary On-Line Interactive Education Program

**The Florida Department of State  
and the  
Executive Office of the Governor**

**awards this**

**Certificate of Completion to**

Patricia Hutchens Date: 7/11/2006 Certificate # 127144

Signature: 

Under penalties of perjury, I declare that I have taken the required three hour interactive course, provided by the Secretary of State and the Notary Section of the Executive Office of the Governor, in accordance with Florida Law.



[Notary Education Index](#)   [Notary Homepage](#)   [Department of State Homepage](#)