



Dear Member:

Please complete the enclosed Business Name Change Affidavit, have it notarized, and return all paperwork to our office at your earliest convenience.

Also, please include copies of proof of ownership such as:

1. Income tax return
2. State license
3. Articles of Incorporation (Subchapter 'S' or otherwise)
4. Purchase agreement or bill of sale

Please mail all paperwork to:

Attn: Customer Care Center  
LCEC  
P.O. Box 3455  
North Fort Myers, FL 33918-3455

If you have any questions, please contact the Customer Care Center:

Phone: 239-656-2300  
Toll-free: 800-599-2356  
Fax: 239-995-4287  
Website: [www.lcec.net](http://www.lcec.net)  
Email: [customercare@lcec.net](mailto:customercare@lcec.net)

Thank you for your cooperation.

Sincerely,

LEE COUNTY ELECTRIC COOPERATIVE, INC.



BUSINESS NAME CHANGE AFFIDAVIT

**THIS AFFIDAVIT MUST BE COMPLETED BY AN OFFICER OF THE ORIGINAL BUSINESS**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_

Who being duly sworn states that I/we have the following customer account with LCEC, Inc. \_\_\_\_\_ with Service Credit Membership # \_\_\_\_\_

I/We request that the name on this account be changed to: \_\_\_\_\_

\_\_\_\_\_ I/We understand that any membership/deposit and all past equity ownership will be transferred to same, effective immediately.

\_\_\_\_\_ I/We understand that all past equity ownership will not be transferred per clause in Contract/Bill of Sale (COPY ATTACHED).

\_\_\_\_\_  
Federal Tax Identification Number or  
Social Security Number if changing to an individual name

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Officer Signature/Title

\_\_\_\_\_  
Mailing address and Phone Number

Signed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_

He/She/They are personally known to me or have produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Signature & Commission #

Printed Name of Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTARY SEAL/STAMP

Equity Dept. Use	ACCT. ID # _____
	EQ SCM # _____
	EO BALANCE \$ _____
	<b>DUE \$</b> _____
	EQUITY REP _____
	PROCESSED _____