

Sunbiz E-file Account Application

Account Name: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Contact Person: _____

Signature: _____

Password: _____

(Minimum length – 4 characters, maximum 12 characters)

****An account number will be e-mailed to you as soon as the application is processed****

Mailing Address

Division of Corporations
Public Access Accounts
PO Box 6327
Tallahassee, FL 32314

Courier Address

Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301