

State Of County Of	SWORN STATEMENT	Date:
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_____ (Representative of Subcontractor) being duly sworn states the following:

That _____ is the (Subcontractor for improvements to the following real property located in
(Company Name)

_____, Florida describe as follows:
(City)

The following is a statement of each subcontractor, supplier and laborer for whom payment of wages or fringe benefits and withholdings is due but unpaid, with whom the (Subcontractor) has (Contracted) or (Subcontracted) for performance under the contract with the Pwner or lessee of the property, and that the amounts due to the persons as of the date of this statement are correctly and fully set foth opposite their names:

Name, address, phone number and Contact person of Subcontractor/Supplier or laborer	Type of improvement furnished	Total contract amount	Amount already paid	Amount currently owing	Balance to complete
Totals					

The subcontractor has no procured material from, or subcontracted with, any person other than those set forth above and owes no money for the improvement other than the sums set forth above.

I make this statement as the (Subcontractor) or as _____ of the (Subcontractor) to represent the Owner or lessee of the above-described premises and his or her agents that the property is free from claims of construction liens, or the possibility of construction liens, except as specifically set forth in this statement.

Representative of Subcontractor Signature

Representative of Subcontractor Name & Title

_____ County, _____

Subscribed and sworn to before me this

_____ day of _____, 2012

Notary Public:
My Commission Expires: