## 100800

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e.#\
(only-oncompletion in)		
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
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	ocument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer.		
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Office Use Only



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State Care Cardenion

03/23/04--01011--010 \*\*87.50

Renewal
Too 800

## MARK RENEWAL APPLICATION

Name and Address of Owner:  Ms. Jane Kirschner	Return To: Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314	
Mark Registered: Florida Snow	Shove)	
Registration Number: 100800  Date Filed: Mar. 26 994 Renewal Date: Mar.	S 1/2/2	
1	orida Statues. Below you must state the mark is still in use in	
authorized to sign on behalf of the owner of the tra- application and verification on my/the owner's beh	g sworn, depose and say that I am the owner or that I am demark and/or service mark referenced herein and make this alf. I further acknowledge that I have read the application	
and know the contents thereof and that the facts sta	Jane S. Kirschner  Typed or Printed Name of Owner  aue S. Livsch	
COUNTY OF Sauson	Owner's Signature or Authorized Person's Signature	
On this day of	4. Jane S. Lirschund	
Who is personally known to me whose identity I proved on the basis of		
(Seal)	RITAM. HAS PUBLIC'S Signature  RITAM. HAS PUBLIC'S Signature  RYCOMMISSION # DD 110121  EXPIRES: May 18, 2006  ROTAT Public Public's Printed Name	

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75 (Optional) CR2E005(6/01)