

**T03000000618**

Lisa Blair

(Requestor's Name)

1901 Welby Way

(Address)

(Address)

Tallahassee, FL 32308

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

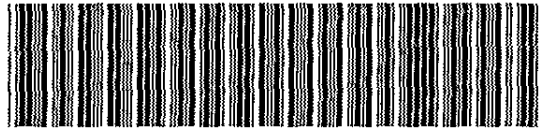
(Business Entity Name)

(Document Number)

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✓

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

103-618

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Lisa A. Blair  
1901 Welby Way  
Tallahassee, FL 32308  
(850) 877-1908  
Daytime Telephone number

PART I

1. (a) Applicant's name: Lisa A. Blair

(b) Applicant's business address: 1901 Welby Way  
Tallahassee FL 32308  
City/State/Zip

(c) Applicant's telephone number: (850) 877-1908

- Individual
- Corporation
- Joint Venture
- Other:
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: (2) Domicile State:

(3) Federal Employer Identification Number:

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

Class 42 Miscellaneous  
Grant Writing, Program Management & Construction Management  
Services.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

N/A

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

labels, letterhead, business cards, brochures, proposals

(d) The class(es) in which goods or services fall:

Class 42 Miscellaneous

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 5/13/03 (b) Date first used in Florida: 5/13/03

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Meridian Community Services Group

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Meridian Community Services Group" APART FROM THE MARK AS SHOWN.

I, Lisa A. Blair, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

Lisa A. Blair  
Typed or printed name of applicant

Lisa A. Blair  
Applicant's signature or authorized person's signature  
(List name and title)

STATE OF FLORIDA

COUNTY OF LEON

On this 14 day of May, 2003, Lisa A. Blair personally appeared before me,

who is personally known to me  whose identity I proved on the basis of

03 MAY 20 PM 2:51  
SECRETARY OF STATE  
DIVISION OF CORPORATE AND FINANCIAL SERVICES



Trina M. Draper  
MY COMMISSION # CC869790 EXPIRES  
September 7, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

Trina M. Draper  
Notary Public Signature

Trina M. Draper  
Notary's Printed Name

My Commission Expires: September 7, 2003

FEE: \$87.50 per class

**MERIDIAN**  
**Community Services Group, Inc.**  
*Grant Writing, Program Management, Construction Services*

**Lisa A. Blair, President**  
**P.O. Box 13408**  
**Tallahassee, Florida 32317**  
**(888) 877-1908 (850) 877-1908**  
**(850) 878-8785 (fax)**