

104000000344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Office:

789/750/749/304
671

³
We need specimens
for each class of
reg.

Office Use Only



400029244684

02/25/04--01036--005 **175.00



~~104-8263~~

104-344



04 MAR 17 AM 11:54
DIVISION OF CORPORATIONS
CLERK OF STATE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 27, 2004

DARYL STRICKLAND
300 EAST BAY STREET, SUITE 2010
JACKSONVILLE, FL 32202

SUBJECT: DARYL POWERS SALON AND SPA AND DESIGN SIGNATURE OF
"DARYL POWERS"
Ref. Number: W04000008263

We have received your document for DARYL POWERS SALON AND SPA AND DESIGN SIGNATURE OF "DARYL POWERS" and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Any time the name, signature or portrait of any living individual is used in a mark, section 495.021(d), Florida Statutes requires the individual's written consent. If the name, signature, or portrait is a fictitious entity, we need a statement to that effect.

Class(es) (3 and 42) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (3 and 42).

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

We need 3 specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 104A00013177

**Daryl Strickland
400 East Bay Street
Suite 2010
Jacksonville, Florida 32202**

March 10, 2004

Florida Department of State
Division of Corporations
Attn: Nanette Causseaux
P.O. Box 6327
Tallahassee, Florida 32314

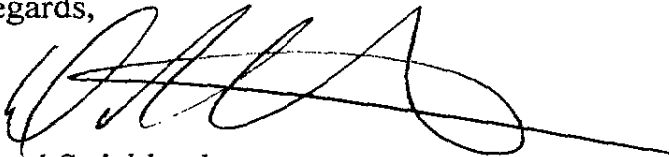
Ref. Number W04000008263

Dear Mrs. Causseaux,

In regards to your letter dated February 27, 2004 I am providing you with the information requested. The name Daryl Powers is a fictitious entity and this should provide a statement to that effect. However, the signature was in my personal handwriting and I also agree to give written consent for the marks.

Please feel free to contact me anytime at 904.463.6875 if you need any further information.

Regards,

A handwritten signature in black ink, appearing to be 'Daryl Strickland', with a long horizontal line extending to the right.

Daryl Strickland

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

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

Name & address to whom acknowledgment should be sent:

DARYL STRICKLAND

400 EAST BAY STREET, SUITE 2010

JACKSONVILLE, FL 32202

(904) 353-5300

Daytime Telephone number

PART I

1. (a) Applicant's name: DARYL STRICKLAND

(b) Applicant's business address: 400 EAST BAY STREET

JACKSONVILLE, FL 32202

City/State/Zip

(c) Applicant's telephone number: (904) 353-5300

☒ 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.)

SALON AND SPA 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.)

BEAUTY PRODUCTS

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

ADVERTISING, BROCHURES, SIGNAGE, RETAIL PACKAGING

(Continued)

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

~~28 AND 46~~

3 AND 42

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: 12/05/2000 (b) Date first used in Florida: 12/05/200

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.)

DARYL POWERS SALON AND SPA, RED LETTERING AND SILVER SIGNATURE

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " SALON AND SPA

" APART FROM THE MARK AS SHOWN.

I, DARYL STRICKLAND

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

DARYL STRICKLAND

Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF DUVAL

On this 20TH day of FEBRUARY, 2004, DARYL STRICKLAND

appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAR 17 AM 11:55

personally

(Seal)



Heather S. Adams
Commission # CC 934316
Expires June 19, 2004
Bonded Through
Atlantic Bonding Co., Inc.

Notary Public Signature

Heather S. Adams

Notary's Printed Name

My Commission Expires: June 19, 2004

FEE: \$87.50 per class

DARYL POWERS
Daryl Powers
SALON & SPA

menu

darylpowers.com