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(Requestor's Name)

(Address)

(Address)

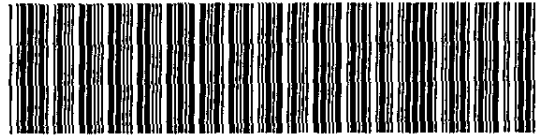
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



800046519098

03/07/05--01023--005 **87.50

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DIVISION OF CORPORATIONS
05 MAR 21 PM 3:57

(5)

~~WOS-12007~~

105-384

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Suncoast Professional
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Need des claimers
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"Inc."



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 8, 2005

MICHAEL PATTERSON
7618 PAR AVENUE NORTH
ST. PETERSBURG, FL 33710

SUBJECT: DESIGN OF BEACH SCENE WITH DOLPHINE JUMPING FROM
WATER, PALM TREES, 1 HOUSE 2 COMMERCIAL BUILDINGS, CLOUDS A
SUN W/2 SEAGULLS

Ref. Number: W05000012007

We have received your document for DESIGN OF BEACH SCENE WITH DOLPHINE JUMPING FROM WATER, PALM TREES, 1 HOUSE 2 COMMERCIAL BUILDINGS, CLOUDS A SUN W/2 SEAGULLS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must disclaim the term(s) "SUNCOAST PROFESSIONAL INSPECTION SERVICES, INC." in addition to the term(s) already disclaimed. Please amend # 2 in Part III accordingly.

We will also need a disclaimer in Part III #2. for the following terms: "SUNCOAST", "PROFESSIONAL INSPECTION SERVICES", "INC."

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: 305A00016014

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:

Michael Patterson
7618 Par Avenue North
ST. Petersburg, FL 33710
(727) 410-7193
Daytime Telephone number

PART I

1. (a) Applicant's name: Michael Patterson
- (b) Applicant's business address: 7618 Par Avenue North
ST. Petersburg, FL 33710
City/State/Zip
- (c) Applicant's telephone number: (727) 410-7193
- ☒ Individual ☐ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: _____ (2) Domicile State: Florida
- (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.)

Home Inspection Services, General Contracting & Remediation 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.)

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

Brochures, Letterhead, Business cards, signage, advertising, mailing labels

(Continued)

(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: 5/17/1999 (b) Date first used in Florida: 5/17/1999

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.)

Suncoast and Design of
of Beach scene w/dolphin jumping from water, palm trees, 1 house, 2 commercial buildings,
clouds, a sun w/2 seagulls. Sun, clouds, sand-orange. Seagulls-black, rest is blue.

English Translation

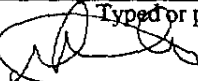
2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Suncoast",
"APART FROM THE MARK AS SHOWN."

I, Michael Patterson 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

Michael Patterson

Typed or printed name of applicant



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

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DIVISION OF CORPORATIONS
05 MAR 21 PM 3:57

STATE OF Florida

COUNTY OF Pinellas

On this 2nd day of March, 2005, Michael Patterson personally appeared before me,

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

(Seal)

JILL MOORE
Notary Public, State of Florida
My Comm. Expires Feb. 20, 2009
No. 00387886

Jill Moore

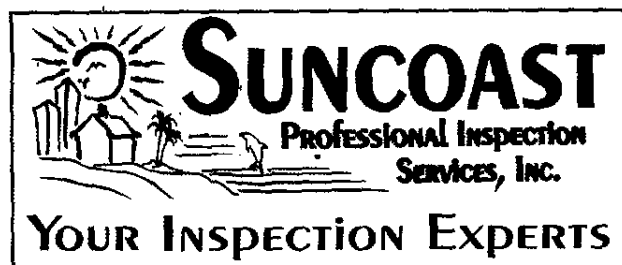
Notary Public Signature

Jill Moore

Notary's Printed Name

My Commission Expires: 2/20/2009

FEE: \$87.50 per class



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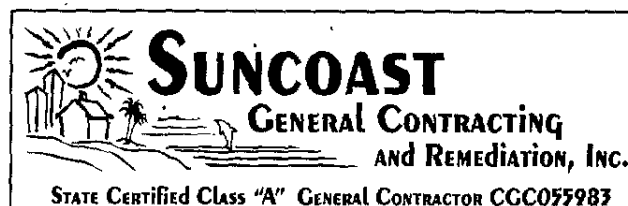
Florida Association of Building Inspectors
American Society of Home Inspectors
National Association of Home Inspectors

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