

105000000962

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

789/747/740/671
(37)

AAA, Window Cleaners

Office Use Only

Need 2 Additional
Business cards



100055803021

07/05/05--01045--003 **87.50

4

FILED
05 JUL 25 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1005-3185

105-962



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 11, 2005

DENNIS BARTH
P.O. BOX 10914
ST. PETERSBURG, FL 33733

SUBJECT: AAA SQUEEGEE WINDOW CLEANERS
Ref. Number: W05000033185

We have received your document for AAA SQUEEGEE WINDOW CLEANERS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (37) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (37).

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "AAA", "WINDOW CLEANERS"

Only one of the specimens submitted was acceptable, please send two additional "BUSINESS CARDS".

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: 205A00045688

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:

DENNIS BARTH
PO BOX 10914
ST. PETERSBURG, FL 33733

()
Daytime Telephone number

PART I

1. (a) Applicant's name: DENNIS BARTH
- (b) Applicant's business address: PO BOX 10914
ST. PETERSBURG, FL 33733
City/State/Zip
- (c) Applicant's telephone number: (727) 393-3597
- ☒ 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.)

WINDOW CLEANING

- (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.)

BUSINESS CARDS, YELLOW PAGES, CITY OCCUPATIONAL TAX
PAYMENT DUE RECEIPTS

(Continued)

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

CLASS 37

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: December 1983 (b) Date first used in Florida: December 1983

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.)

AAA SQUEEGEE WINDOW CLEANERS

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "AAA WINDOW CLEANERS"
AAA SQUEEGEE WINDOW CLEANERS "APART FROM THE MARK AS SHOWN.

I, DENNIS BARTH, 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.

DENNIS BARTH

Typed or printed name of applicant

Dennis Barth

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

FILED
05 JUL 25 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF PINELLAS

On this 1 day of JULY, 2005, DENNIS BARTH
appeared before me,

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

John Cannon
Notary Public Signature

John Cannon
Notary's Printed Name

Commission Expires: 6-24-2007

\$87.50 per class

