

705000001603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

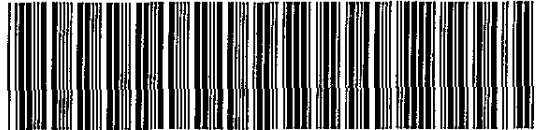
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

789/747/2927/740/762 checker cab
(39) checker cab 671

Office Use Only



600060677186

11/25/05--01044--002 **175.00

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705-1603

~~705-48887~~

checker cab?

✓

05 DEC 19 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 27, 2005

CHECKER CAB OF BREVARD, INC.
ATTN: ROBERT W. HUNTER, PRES.
P.O. BOX 797
CAPE CANAVERAL, FL 32920

SUBJECT: CHECKER CAB
Ref. Number: W05000048887

We have received your document for CHECKER CAB and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (39) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (39).

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

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: "CHECKER CAB"

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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.

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:

Checker Cab of Brevard, Inc.
PO Box 797
Cape Canaveral, FL 32920
321, 799-0377
Daytime Telephone number

Questions:
- Contact Deborah -
321-868-7849

PART I

1. (a) Applicant's name: Checker Cab of Brevard, Inc.

(b) Applicant's business address: 3245 North Courtney Parkway Unit # 36
Merritt Isl., FL 32953
City/State/Zip

If different, Applicant's mailing address: P.O. Box 797
Cape Canaveral, FL 32920
City/State/Zip

(c) Applicant's telephone number: 321, 799-0377
 Individual Corporation Joint Venture Other
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration/document number: 70500020490 (2) Domicile State: FL

(3) Federal Employer Identification Number: 41-2168173

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.)

Taxicabs / Transportation Service for transport
limos / of people to different destinations
vans

(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.)

Logo on side of cabs / vans / limo
Business Cards
Advertising

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

Magnetic labels / signs for advertising -
Business Cards - Flyers - Ads - News papers -
Hotels Directories - Logo on the vehicle

(Continued)

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

CLASS 39-N-35

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: 02-08-05 (b) Date first used in Florida: 02-08-05

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.)

Checker Cab
OF Brevard, Inc.

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

CHECKER CAB, Brevard, Inc." APART FROM THE MARK AS SHOWN.

I, ROBERT W. Hunter, 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

ROBERT W. Hunter
Typed or printed name of applicant

[Signature] PRESIDENT
Applicant's signature
(List name and title)

STATE OF FLORIDA

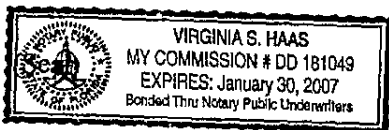
COUNTY OF BREVARD

On this 14th day of December, 2005, Robert W. Hunter personally appeared before me,

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

DRIVER'S LICENSE

FILED
05 DEC 19 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Virginia S. Haas
Notary Public Signature

VIRGINIA S. HAAS
Notary's Printed Name

My Commission Expires: 1/30/07

FEE: \$87.50 per class

