# 1100000000708

(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:	
855 4091/749/626	0
· .	

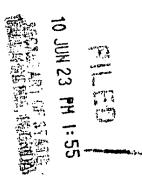
Office Use Only



800182049278

06/15/10--01007--029 \*\*87.50

710-708 Same owner as 500 - 28801 W10-28801



N. CAUSSEAUX

JUN 2 3 2010

**EXAMINER** 

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	J.
<del></del>	J. (Mark to be registered)
to be clea	er, it's the letter "J" along with the "." at the end
The enclosed Trademark/Service Ma	ark Application, specimens and fee(s) are submitted for filing.
Please return all correspondence con	cerning this matter to the following:
Joseph Connell	
(Name of F	Person)
J.CON Hair Designs, Inc.	
(Firm/Com	pany)
5811 4th Street North	
(Address)	
St. Petersburg, Florida 337	03
(City/State	and Zip Code)
For further information concerning the	his matter, please call:
Lisa Mitchels	at (727 ) 525-9119, ext 306 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2010

JOSEPH CONNELL J.CON HAIR DESIGNS, INC. 5811 4TH STREET NORTH ST. PETERSBURG, FL 33703

SUBJECT: J.

Ref. Number: W10000028801

We have received your document for J. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, which may be the same or different. TYPED or HANDWRITTEN 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 35-45), 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.

Please attach your specimens to a copy of this letter or to yourcorrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

#### 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

#### **PART I**

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.				
(a) Owner's/Applicant's name: J.CON Hair Designs, Inc.				
(b) Owner's/Applicant's business address: 5811 4th Street North				
St. Petersburg, Florida 33703				
If different, Owner's/Applicant's mailing address:				
City/State/Zip				
(c) Owner's/Applicant's telephone number: ( 727 ) 525-9119				
Check the appropriate box to indicate the Owner/Applicant is a(n):  Individual Corporation Joint Venture Limited Liability Company General Partnership Limited Partnership Union Other:				
If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is <u>not</u> an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.				
(1) Florida registration/document number: G02568 /				
(2) Domicile State or Country: Florida				
(3) Federal Employer Identification Number: 59-2231395				
2. (a) <u>SERVICE MARK</u> : If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. <u>If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:</u>				
(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)				
Salon and Spa services: hair care (cutting, coloring, styling, straightening, perms), waxing, natural				
nail care, pedicures, massage, facials.				

2. (b) TRADEMARK: If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:
(Note: List only those product(s) currently available. Do not include future products.)
2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:
SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:
business cards, retail shopping bags, menu of services, internet and website, logo, letterhead
stationary
TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or fore the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:
2. (d) <u>FEE(S) AND CLASS(ES)</u> : There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.
List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:
Class 44

#### **PART II**

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

## 3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

#### SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Joseph Connell herein, or that I dm authorized to sign on behalf of the except a related company has registered this mark in the thereof or in such near resemblance as to be likely, who cause mistake or to deceive. I make this affidavit and read the application and know the contents thereof and	iis state or has the right to use such mark in Flor en applied to the goods or services of such other l verification on my/the applicant's behalf.  I fur	ny knowledge no other person ida either in the identical form person to cause confusion, to
STATE OF Perelles	ed or printed name of applicant  Applicant's signature (List name and title)	10 JUN 23 PM 1:55
On this $\frac{10^{\frac{44}{3}}}{}$ day of $\frac{10^{\frac{44}{3}}}{}$ appeared before me, $\frac{10^{\frac{44}{3}}}{}$ who is personally known to me $\frac{10^{\frac{44}{3}}}{}$ where $\frac{10^{\frac{44}{3}}}{}$ where $\frac{10^{\frac{44}{3}}}{}$ who is personally known to me	vhose identity I proved on the basis of	personally
CAROLYN WILES PHILIPS MY COMMISSION # DD 901297 EXPIRES: October 21, 2013 Bonded Thru Notary Public Underwriters	My Commission Expires:	es PHILIPS

FILING FEE: \$87.50 per class

## OFFICIAL SPECIMEN TM/SM REG. #

