

T13058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

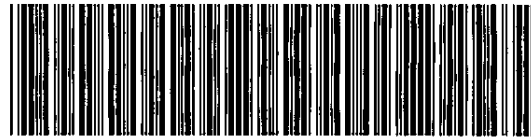
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Vol. Cancellation

07/15/14---01003--007 **52.50 ✓

T13058

FILED
14 JUL 15 PM 12:30
SEALING UNIT
TALLAHASSEE, FLORIDA

JUL 15 2014

N. CAUSSEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCU-SHRED

(Name of Mark to be cancelled)

The enclosed Application for the Cancellation of a Trademark and/or Service Mark and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert H. Willis, Jr.

(Contact Person)

Skelton, Willis & Wallace, LLP

(Firm/Company)

PO Box 30

(Address)

St Petersburg, FL 33731

(City, State and Zip Code)

For further information concerning this matter, please call:

Robert H. Willis, Jr.

(Name of Contact Person)

at (**727**) **822-3907**

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$50.00 Filing Fee

\$102.50 Filing Fee and Certified Copy

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

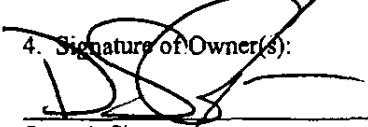
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

APPLICATION FOR THE CANCELLATION OF A
TRADEMARK AND/OR SERVICE MARK

Pursuant to s. 495.101, Florida Statutes, the undersigned hereby submit(s) this application to cancel the following trademark and/or service mark registration:

- 1. Mark to be cancelled: ACCU-SHRED
- 2. Registration Number: T13058
- 3. Date of Registration: 06/26/1990; Renewal: 03/16/2010

4. Signature of Owner(s):



Owner's Signature

Co-Owner's Signature, if any

Douglas S. Gardner, as President

Typed or Printed Name of Person Signing Above

Typed or Printed Name of Person Signing Above

Gardner Capital Holdings, Inc.

formerly known as Accurate Paper Recycling, Inc.

Typed or Printed Name of Owner

Typed or Printed Name of Co-Owner

STATE OF

Maine

COUNTY OF

Lincoln

Sworn to and subscribed by me on n this

8 day of

July, 2014,

Douglas S. Gardner
(Name of Individual Signing)

personally appeared before me, who is/are personally known to me or whose

identity (ies) I proved on the basis of

FL DL# G635177593880 exp 10/25/19



Notary Public's Signature

(Seal)

Leslie A. Barter

Notary Public, Maine

My Commission Expires

My Commission Expires: 4-23-18

(Attach additional sheet if necessary)

Filing Fee: \$50.00
Certified Copy (optional): \$52.50

FILED
14 JUL 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA