

# T96000000 429

AMERILAWYER®

(Requestor's Name)  
 343 ALMERIA AVENUE  
 (Address)  
 CORAL GABLES, FL 33134 -- (305) 445-2700  
 (City, State, Zip) (Phone #)

OFFICE USE ONLY

000001792870  
 -04/24/96--01043--001  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The Public Adjusters (w design)  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 96 APR 22 PM 1:20

- Walk in   
  Pick up time \_\_\_\_\_   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy   
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T96-429

Name Availability	<i>[Signature]</i>
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH

Examiner's Initials



**AMERILAWYER<sup>®</sup>**

April 5, 1996

**SENT VIA COURIER**

Trademark Registration Section  
Division of Corporations  
409 East Gains Street  
Tallahassee, Florida 32399

Re: Trademark Registration with the State of Florida, Department of State  
Mark: **THE PUBLIC ADJUSTERS (w/design)<sup>™</sup>**  
Applicant: **INSURANCE CLAIM CONSULTANTS, INC.**  
4000 13th Lane Northeast Saint Petersburg, Florida 33703

Ladies/Gentlemen:

This office represents **INSURANCE CLAIM CONSULTANTS, INC.** in the registration of its trademark **THE PUBLIC ADJUSTERS (w/design)<sup>™</sup>** with the State of Florida, Department of State.

Enclosed herewith you will find the executed application for the registration of a trademark with the State of Florida, Department of State along with a check for **EIGHTY-SEVEN DOLLARS and FIFTY CENTS (\$87.50)** made payable to the State of Florida, Department of State. Please process the trademark registration application for the trademark **THE PUBLIC ADJUSTERS (w/design)<sup>™</sup>** under Class 36.

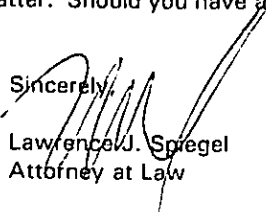
Also enclosed please find the specimens of the mark.

Enclosed you will also find a **Power of Attorney** which has been executed by **INSURANCE CLAIM CONSULTANTS, INC.** granting this office full power and authority over any matter relating to the filing of its trademark, **THE PUBLIC ADJUSTERS (w/design)<sup>™</sup>** with the State of Florida, Department of State. Therefore, please send all communications and correspondence relating to the **THE PUBLIC ADJUSTERS (w/design)<sup>™</sup>** trademark filing with the State of Florida, Department of State to our office at the following address:

AmeriLawyer<sup>™</sup>  
P.O.Box 144479  
Coral Gables, Florida 33114-4479

Thank you for your prompt attention to this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

  
Lawrence J. Spiegel  
Attorney at Law

LJS:mjl  
Encl:  
STM314

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 APR 22 PM 1:20

Florida Department of State, Sandra B. Mortham, Secretary of State

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  
acknowledgement should be sent:

Natalia Utrera, Esquire  
AmeriLawyer  
343 Almeria Avenue, Coral Gables, Florida 33134  
( 305 ) 445 - 2700  
Daytime Telephone number

PART I

- 1. (a) Applicant's name: Insurance Claim Consultants, Inc. ✓
- (b) Applicant's business address: 4000 13 Lane Northeast  
St. Petersburg, Florida Zip: 33703
- (c) Applicant's telephone number: ( 904 ) 866 - 3362

- Individual  Corporation  Joint Venture  Other: \_\_\_\_\_
- General Partnership  Limited Partnership  Union

If other than an individual,

- (1) Florida registration number: P95000048704
- (2) Federal Employer Identification Number: 59 3320593
- (3) Domicile State: Florida

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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.)  
Insurance adjustments and appraisals.

(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, barbeque grills, shoe laces, etc.)  
Not Applicable

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

(Continued)

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

CLASS 36

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: 10-15-75
- (b) Date first used in Florida: 10-15-75

PART III

1. The mark to be registered in: (If logo/design is included, please give brief written description which must be 25 words or less.)

The Public Adjusters  
(Two hand - hand shake with words The Public Adjuster)

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "PUBLIC  
AND ADJUSTERS" APART FROM THE MARK AS SHOWN.

RONALD F. DELVO as PRESIDENT of INSURANCE CITY CONSULTANTS, INC. 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.

Ronald F. Delvo

Typed or printed name of applicant

[Signature]

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

STATE OF Florida

COUNTY OF Pinellas

On this 21 day of February, 1996, Ronald F. Delvo personally appeared before me,

- who is personally known to me
- whose identity I proved on the basis of \_\_\_\_\_

[Signature]  
Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: \_\_\_\_\_

FEES: \$87.50 per class

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### Power of Attorney

Know All Men By These Presents, that **INSURANCE CLAIM CONSULTANTS, INC.**, a Florida corporation has made, constituted and appointed, and by these presents does make, constitute and appoint **The Law Firm of Lawrence J. Spiegel, Chartered, a Florida Professional Association, doing business as AmeriLawyer® its true and lawful attorney-in-fact** for all matters relating to the filing and registering of its trademark, **The Public Adjusters (with design)™**, with the State of Florida, Department of State office in its name, place and stead giving and granting unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in relating to the filing and registration of its trademark, **The Public Adjusters (with design)™** with the State of Florida, Department of State office as they might or could do it personally present, with full power of substitution and revocation, hereby ratifying and confirming all that **The Law Firm of Lawrence J. Spiegel, Chartered, a Florida Professional Association, doing business as AmeriLawyer®,** shall lawfully do or cause to be done by virtue hereof.

**INSURANCE CLAIM CONSULTANTS, INC.,** a Florida corporation hereby covenants and agrees to hold harmless any person who may act in reliance upon the authority granted to its attorney in-fact, **The Law Firm of Lawrence J. Spiegel, Chartered, a Florida Professional Association, doing business as AmeriLawyer®.**

This Power of Attorney shall remain in force and affect until the trademark, **The Public Adjusters (with design)™**, has completed the registration process with the State of Florida, Department of State office.

In Witness Whereof, I have hereunto set my hand and seal this 21 day of Feb, 1996

Signed and Sealed in the presence of:

*[Signature]*

**INSURANCE CLAIM CONSULTANTS, INC.**

By: *[Signature]*  
President

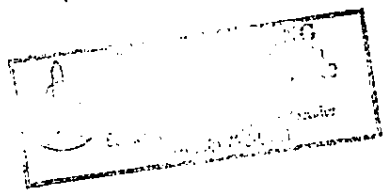
State of Florida  
County of Dinellas

Be It Known, That on the 21 day of Feb, 1996, before me appeared, the President of **INSURANCE CLAIM CONSULTANTS, INC.,** a Florida corporation to me well known or who has produced \_\_\_\_\_ as identification to be the individual described in and who executed the foregoing Power of Attorney, and acknowledged before that he/she executed the same for the purpose therein expressed.

In Testimony Whereof, I have hereunto subscribed my name and affixed my seal in the County and state named above this 21 day of Feb, 1996

*[Signature]*  
**NOTARY PUBLIC: State of Florida at Large**  
Commission Expires:

TMPOA.STA



# SPECIMENS

Applicant: INSURANCE CLAIM CONSULTANTS, INC.

Mark: THE PUBLIC ADJUSTERS (w/design)<sup>TM</sup>

Class: Class 36

## THE PUBLIC ADJUSTERS



Ronald F. Delo, P.A.  
President  
License #092635

LICENSED ADJUSTERS & APPRAISERS OF INSUREDS' CLAIMS

Fanhandle Office  
8730 Thomas Drive #1103  
Panama City Beach, FL 32408

Corporate Office  
4000 13 Lane NE  
St. Petersburg, FL 33703

1-800-572-7914