T98000000433

W. KIRK BROWN ESQ.
Requestor's Name

P.O. BOX 38006
Address

TALLAHASSEE FL 32303
City/State/Zip

Phone # 222-6128

Office Use Only

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

1. VALVO SPECIALISTS, INC. P95000054196
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 400002493104--1
-04/23/98--01078--007
*****87.50 *****87.50

4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
X	Trademark
	Other

T98-433

Examiner's Initials

CR2E031(1/95)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 23, 1998

W. KIRK BROWN, ESQ.
P.O. BOX 38006
TALLAHASSEE, FL 32303

SUBJECT: VALVO SPECIALIST, INC., & DESIGN OF MARK WITHIN A WREATH
Ref. Number: W98000009084

We have received your document for VALVO SPECIALIST, INC., & DESIGN OF MARK WITHIN A WREATH and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED 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 35-42), 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 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) 487-6839.

Debbie Reagle

Letter Number: 598A00021984

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 487-6839.

Debbie Reagle
ANNUAL_REPORTS SECTION

Letter number: 598A00021984

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TALLAHASSEE, FLORIDA

RECEIVED
98 APR 23 PM 1:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 acknowledgment should be sent:

W. Kirk Brown, Attorney at Law
P. O. Box 38006
Tallahassee, FL 32315
(850) 222-6128
Daytime Telephone number

PART I

1. (a) Applicant's name: Valvo Specialists, Inc. ✓

(b) Applicant's business address: 2814-B Cap. Cir. N.E.
Tallahassee, FL 32308
City/State/Zip

(c) Applicant's telephone number: (850) 297-1101

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,
(1) Florida registration number: P95000054196 (2) Domicile State: Florida
(3) Federal Employer Identification Number: 59-3312491

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.)

Automotive/Repairs

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TALLAHASSEE, FLORIDA

(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.)

NA

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

Labels, Business Cards, Decals, Advertisements, Brochures, Etc.

(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: 2-15-93 (b) Date first used in Florida: 2-15-93

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. If your mark is in another language, you must provide this office with a complete English translation in this section.)

Wreath with "Vâlvo Specialists, Inc." in center circle. Behind the wreath is a dark racing stripe that runs diagonally. Picture is attached.

2. DISCLAIMER (Please refer to guidelines for information)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " SPECIALIST, INC. " APART FROM THE MARK AS SHOWN.

I, Tom Colvin *, 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*

VÂLVO SPECIALISTS, INC.
Typed or printed name of applicant

Tom Colvin Pres.
Applicant's signature or authorized person's signature
(List name and title)

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA

COUNTY OF LEON

On this _____ day of April , 19 98 , TOM COLVIN personally appeared before me,

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

_____.

Patricia L. Brown
Notary Public Signature

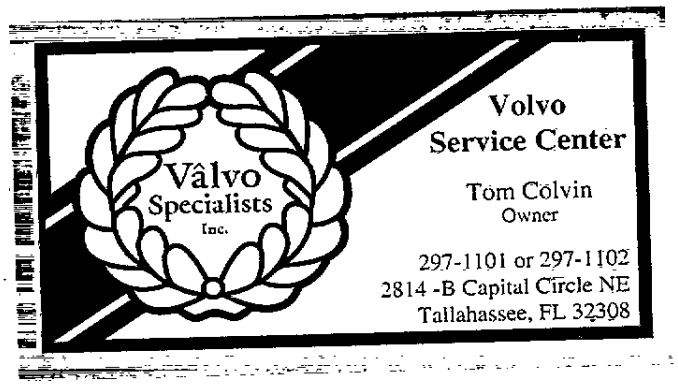
(Seal)

Notary's Printed Name

My Commission Expires:_____

FEE: $87.50 per class

PATRICIA L. BROWN
Comm. No. CC 458434
My Comm. Exp. June 11, 1999
Bonded thru Pichard Ins. Agcy.


Vâlvo
Specialists
Inc.
Volvo
Service Center
Tom Colvin
Owner
297-1101 or 297-1102
2814 -B Capital Circle NE
Tallahassee, FL 32308