

# T99000000 841

Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

100002907921--6  
 -06/17/99-01083-007  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

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

1. Equity Enhancer Program (30)  
(Corporation Name) (Document #)
2. 789/676/749  
(Corporation Name) (Document #)
3. (175) \$87.50  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
 JUL 12 AM 9:57  
 CLERK OF SUPERIOR COURT  
 TRENTON, NJ

- 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 type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T99-841  
~~1099-15284~~

Name Availability	up
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 1, 1999

MICHAEL SAPIENZA  
4424 COOL EMERALD DR.  
TALLAHASSEE, FL 32303

SUBJECT: EQUITY ENHANCER PROGRAM  
Ref. Number: W99000015284

We have received your document for EQUITY ENHANCER PROGRAM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$87.50.

We need three permanent specimens, which may be the same or different. 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) 487-6918.

Nanette Causseaux  
Corporate Specialist Supervisor

Letter Number: 099A00034684

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK  
PURSUANT TO CHAPTER 395, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

MICHAEL SAPIENZA  
4424 COOL EMERALD DR.  
TALL FL. 32303  
(850) 933-0833  
Daytime Telephone number

PART I

1. (a) Applicant's name: MICHAEL SAPIENZA

(b) Applicant's business address: 4424 COOL EMERALD DR.  
TALL FL. 32303  
City/State/Zip

(c) Applicant's telephone number: (850) 933-0833

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

If other than an individual,

(1) Florida registration number: \_\_\_\_\_ (2) Domicile State: \_\_\_\_\_

(3) Federal Employer Identification Number: \_\_\_\_\_

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.)

ACCELERATED PAYMENT SYSTEMS

(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.)

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

BUSINESS CARDS

(Continued)

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

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: 6-1-99 (b) Date first used in Florida: 6-1-99

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.)

EQUITY ENHANCER PROGRAM

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "EQUITY  
OR PROGRAM" APART FROM THE MARK AS SHOWN.

I, MICHAEL SAPIENZA, 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

MICHAEL SAPIENZA  
Typed or printed name of applicant

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

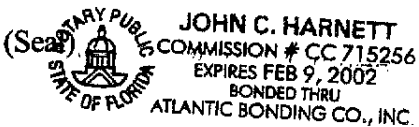
STATE OF FLORIDA

COUNTY OF LEON

On this 16TH day of JUNE, 19 99, MICHAEL SAPIENZA personally appeared before me,

who is personally known to me  whose identity I proved on the basis of DRIVER'S LICENSE

FILED  
99 JUL 12 AM 9:57  
TALLAHASSEE FL



[Signature]  
Notary Public Signature

JOHN C. HARNETT  
Notary's Printed Name

My Commission Expires: 2/9/02

FEE: \$87.50 per class

Mike Sapienza

**Equity Enhancer Program**

Mortgage Solutions

Phone: (850) 562-0926  
Fax: (850) 933-0833