

T98000001449

Requestor's Name <i>See Application</i>	
Address	
City/State/Zip	Phone #

FILED
98 DEC 17 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) **100002737881--8**
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ 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

Name	
Availability	
Document Examiner	<i>Get</i>
Updater	<i>Get</i>
Updater Verifier	<i>Get</i>
Acknowledgement	<i>Get</i>
W. P. Verityer	<i>Get</i>

398A00060722
Impson
Get
12/15/99

Examiner's Initials	
---------------------	--

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

01/05/1999

S-W/Agency Voucher No.

OLQ 450000

JT-2

D90-0040-9507

DEPARTMENT DEPARTMENT OF STATE

003335

SITE DEPARTMENT OF STATE

\$

COMPTROLLER ACCOUNT NUMBER

OF

OBJECT
CODETRANS
CODE

25

TRANS
CODE

45

COMPTROLLER ACCOUNT NAME

INVOICE # INVOICE AMOUNT

INCREASE AMOUNT

INCREASE AMOUNT

45202130001-45300000000-040000000

4990

437.50

DIV OF CORPORATIONS TRUST FUND
EXPENSES

INV: 000002266 437.50

45202130001-45300000000-00010000

FEES

437.5

TRANSACTION TYPE: JOURNAL ADVICE

TOTAL

437.50

TOTAL

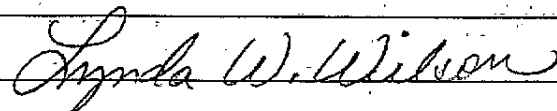
437.5

I hereby certify that the above transactions are in accordance with the
Florida Statutes and all applicable laws and rules of the State of Florida.

For State Comptroller's Use Only

Time In

APPROVED:



TITLE

Audited By

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:

Dave Mann, Director

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

(850) 487-6000

Daytime Telephone number

PART I

FILED
98 DEC 17 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. (a) Applicant's name: Florida Department of State/Division of Corporations

(b) Applicant's business address: 409 E. Gaines St., Tallahassee, FL 32399

" mailing address: P. O. Box 6327, Tallahassee, FL 32314
City/State/Zip

(c) Applicant's telephone number: (850) 487-6000

☐ Individual ☐ Corporation ☐ Joint Venture ☒ Other: State Agency

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: N/A (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-3466865

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.)

On-line computer website designed to promote business in Florida and accomplish

electronic filing and inquiry into databases of the Division of Corporations.

(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.)

Letterhead and other printed matter used to promote an on-line computer website.

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

Computer website, letterhead, promotional materials, etc.

(Continued)

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

16, 35, 38, 41 and 42

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: 12/14/98 (b) Date first used in Florida: 12/14/98

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.)

"www.sunbiz.org" with a half-sun in the background, a wavy line underneath, and

"sunbiz" printed in stylized format

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, Dave Mann, 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

Dave Mann for Florida Dept. of State/Division of Corporations

Typed or printed name of applicant

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

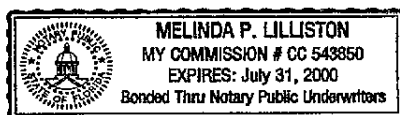
STATE OF Florida

COUNTY OF Leon

On this 17th day of December, 19 98, David E. Mann personally appeared before me,

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

(Seal)

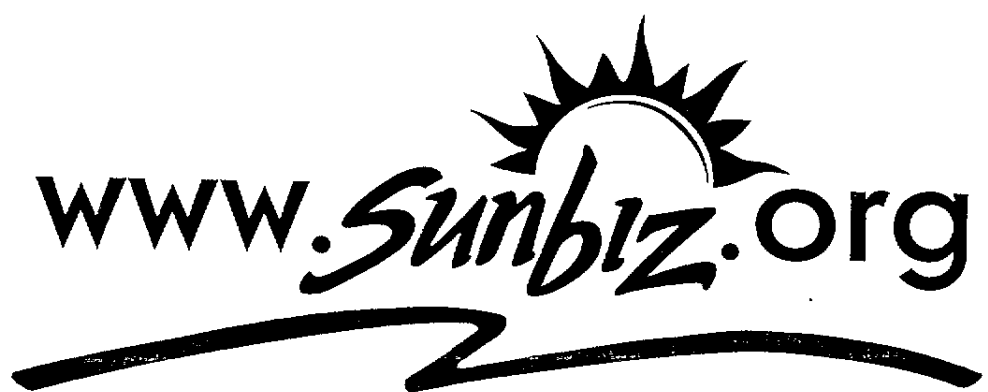


[Signature]
Notary Public Signature

Melinda P. Lilliston
Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

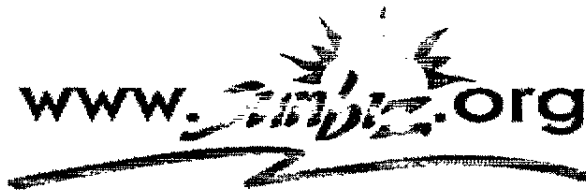




FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



Division of Corporations • 409 East Gaines Street • Tallahassee, FL 32399



Welcome to the Florida Division of Corporations Public Access Database. The data maintained by the division includes all active and inactive corporations registered with the State of Florida, Fictitious Name filings, Partnership Filings, and all UCC Documents filed with the State of Florida. The collateral for the UCC Filing is not mentioned in the database.

Please make a selection to begin processing:

- [Corporations, Limited Partnerships, and Trademarks](#)
- [UCC/FLR Liens](#)
- [Fictitious Names](#)
- [GEN/LLP Partnerships](#)
- [Obtain Filing Forms](#)
- [Electronic Filing](#)
- [Help](#)

NEW USERS: If you are new to this system, please read the [Help](#) and the [Known Issues](#) section before you begin. Information about each menu selection should be printed out and referred to until you are familiar with this system. Additional information on the data included in the inquiry functions may be obtained from [Data Inquiry](#). For answers to some of the most common questions, refer to the following:

Frequently Asked Questions
[Corporations](#)
[Uniform Commercial Code](#)

For additional information regarding Corporations, UCC, Fictitious Names, or Partnerships, please contact the Florida Department of State, Division of Corporations at corpinfo@mail.dos.state.fl.us.

Alternatively, you may contact the Department of State, Division of Corporations via the following:

Public Access
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

You may also call for help. See our [phone list](#).

If you are experiencing problems with the system, please read the following [list of known issues](#).

For TECHNICAL assistance with this site, please email us at Webmaster@mail.dos.state.fl.us



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



FAX TRANSMITTAL COVER LETTER

date: _____

time: _____

Deliver To: _____

Firm/Office: _____

FAX #: _____

TOTAL # of Pages _____
(including this cover sheet.)

FROM: _____

Sender's FAX #: 850/487-6013

Sender's Telephone #: 850/ _____

NOTES/MESSAGE:

- | | | |
|---|--|-------------------------------|
| <input type="checkbox"/> For Your Information | <input type="checkbox"/> URGENT | Original documents to follow: |
| <input type="checkbox"/> Response required | <input type="checkbox"/> Per Your Request | <input type="checkbox"/> YES |
| <input type="checkbox"/> Signature required | <input type="checkbox"/> Other (see message) | <input type="checkbox"/> NO |

