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124-1458

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:

Deborah W. Dodson
3201 Remington Run
Tallahassee, FL
(850) ~~850~~ 556-5664
Daytime Telephone number

PART I

(a) Applicant's name: Deborah Dodson

(b) Applicant's business address: _____

(c) Applicant's telephone number: (850) 385-2634 ^{City/State/Zip}

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

If or than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: _____

2. 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.)

Artist

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

business cards
brochures
etc.

(Continued)

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

35

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: 1975 (b) Date first used in Florida: 1975

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.)

Mick's Florist

English Translation

DISCLAIMER (if applicable)

CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Florist" APART FROM THE MARK AS SHOWN.

I, _____, being sworn, depose and say that I am the owner and the applicant
or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has
used 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 taken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the
affidavit and know the contents thereof and that the facts stated herein are true and correct.

Deborah W. Dodson

Typed or printed name of applicant

Deborah W. Dodson

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

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DIVISION OF CORPORATIONS
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STATE OF Florida

COUNTY OF Leon

On this 18 day of November, 2004, Deborah W. Dodson personally
appeared before me,

☐ who is personally known to me ☒ whose identity I proved on the basis of FL Dr. License

Seal)

Suzanne Hawkes

Notary Public Signature

Suzanne Hawkes

Notary's Printed Name



SUZANNE HAWKES
MY COMMISSION # DD 250088
EXPIRES: September 18, 2007
Bonded Thru Budget Notary Services

My Commission Expires: 9/18/07

FEE: \$87.50 per class



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2633-A Mahan Drive
Tallahassee, FL 32308
878-6156

www.micksflorist.com