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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

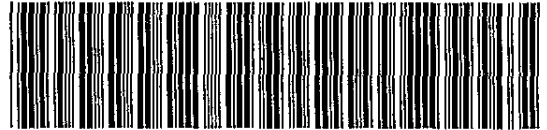
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 14 PM 1:21

No Notary

~~405-5573~~  
105-206  
✓  
✓



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 2, 2005

MARK B. HARTIG  
4830 W. KENNEDY BLVD. #300  
TAMPA, FL 33609

SUBJECT: DEFENDING PROFESSIONALS IS OUR PASSION  
Ref. Number: W05000005573

We have received your document for DEFENDING PROFESSIONALS IS OUR PASSION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: "PROFESSIONALS"

The notary public's acknowledgement is incomplete. The seal, signature, and expiration date must be affixed. A notary public cannot notarize his own signature.

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) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 505A00007615

**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:

Mark B. Hartig  
4830 W. Kennedy Blvd. #300  
Tampa, FL 33609  
(813) 287-2822  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: Mark B. Hartig
- (b) Applicant's business address: 4830 W. Kennedy Blvd, Suite 300  
Tampa, Florida 33609  
City/State/Zip
- (c) Applicant's telephone number: (813) 287-2822
- ☒ 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.)

Legal Services

- (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.)

Advertisements, Brochures

(Continued)

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

Class 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: Oct. 20, 2003 (b) Date first used in Florida: Oct. 20, 2003

**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.)

"Defending Professionals is Our Passion"

English Translation

2. DISCLAIMER (if applicable)

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

I, Mark B. Hartig, 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

MARK B. HARTIG

Typed or printed name of applicant

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

STATE OF Florida

COUNTY OF Hillsborough

On this 9th day of February, 2005, Mark B. Hartig personally appeared before me,

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

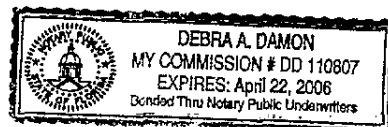
(Seal)


[Signature]  
Notary Public Signature

Debra A. Damon  
Notary's Printed Name

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

FEE: \$87.50 per class





## McCumber Inclan

Attorneys at Law

McCumber, Inclan, Daniels,  
Valdez, Buntz & Ferrera

focuses its practice  
on nursing home, adult  
living facility,  
hospital, medical  
malpractice, and general  
liability defense.

The firm provides  
professional services  
throughout the state  
of Florida with  
fully staffed offices in  
Tampa, Jacksonville,  
and Orlando.

*"Defending professionals  
is our passion"*

