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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 10, 2005

ADVANCED COMPATIBLE SOLUTIONS, INC. 2728 RUNNING SPRINGS LOOP OVIEDO, FL 32765

SUBJECT: ACS FIRE & SECURITY AND DESIGN OF INITIALS "A C S"

**ENCIRCLED BY TWO THIN LINES** 

Ref. Number: W05000007219

We have received your document for ACS FIRE & SECURITY AND DESIGN OF INITIALS "A C S" ENCIRCLED BY TWO THIN LINES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (42 & 37) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (42 & 37).

There is a balance due of \$87.50.

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: "FIRE & SECURITY"

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.

Letter Number: 705A00009585

Nanette Causseaux Document Specialist Supervisor

## APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

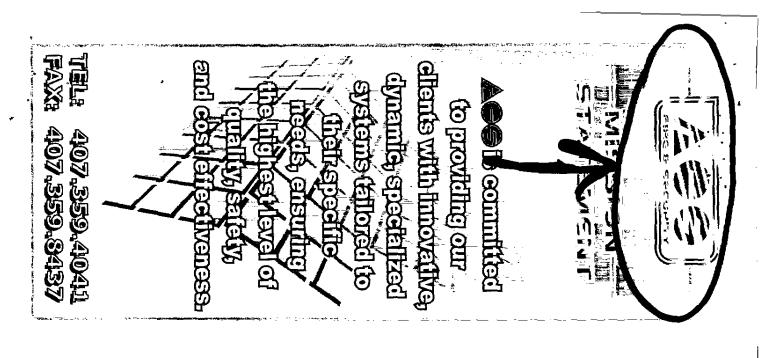
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

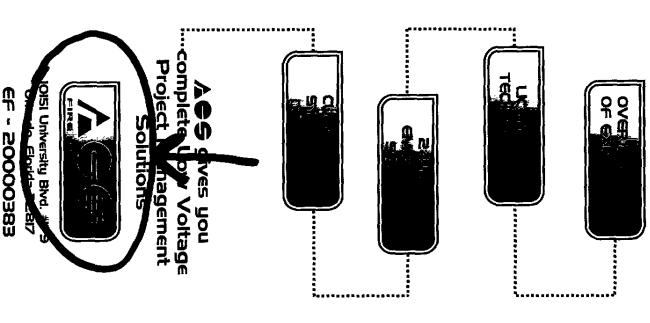
**Division of Corporations** TO: Post Office Box 6327 Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: Advanced Compatible Solutions, Inc. 2728 Running Springs Loop Oviedo, FL 32765 407 929-3839 Daytime Telephone number PART I 1. (a) Applicant's name: Advanced Compatible Solutions, Inc (b) Applicant's business address: \_2728 Running Springs Loop Oviedo, FL 32765 City/State/Zip 407 929-3839 (c) Applicant's telephone number: ( 🚨 Corporation Other: ☐ Individual ☐ Joint Venture Limited Partnership Union ☐ General Partnership If other than an individual, (2) Domicile State: FL (1) Florida registration number: (3) Federal Employer Identification Number: 26-0016168 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.) Installation, servicing and monitoring of Fire and Security 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.) Labels, shirts, brochures, advertisements, decals etc.

(Continued)

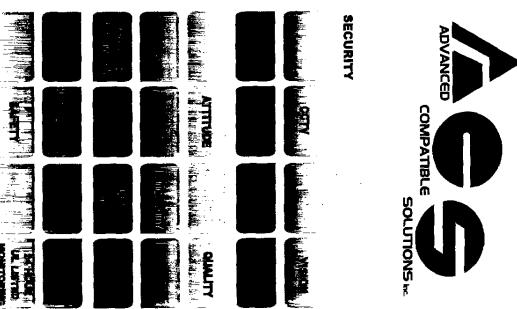
PART II  1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):  (a) Date first used anywhere: 2/15/03 (b) Date first used in Florida: 2/15/03  PART III  1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)  It is the name ACS Fire & Security, which is expressed as a logo using three letters: A C S, encircled by two thin lines.  English Translation  2. DISCLAIMER (if applicable)  NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "	(d) The class(es) in which goods or services fall:
1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):  (a) Date first used anywhere: 2/5/03 (b) Date first used in Florida: 2/5/03  1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)  It is the name ACS Fire & Security, which is expressed as a logo using three letters: A C S, encircled by two thin lines.  English Translation  2. DISCLAIMER (if applicable)  NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Fire & Security "APART FROM THE MARK AS SHOWN.  1. Martin Rud21 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 resmissioner as to be likely to deceive or copiase or to be mistaken therefor. I make this affidant and verification on mythe applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are time and correct Advanced Compatible Solutions, inc.  Advanced Compatible Solutions, inc.  PARTIN  I Fre & Security Work The Mark AS SHOWN.  I Martin Rud21 V. P.  Applicant's signature or authorized person's signature  (List name and title)  STATE OF Plory on the Sample of the owner and the date state of applicant with the place state of applicant and show the contents thereof and that the facts stated herein are time and correct and correct and show the contents thereof and the place stated herein are time and correct (List name and title)  STATE OF Plory on the Sample of the owner and the place stated herein are time and correct (List name and title)  Notary's Printed Name  Notary Public Signature  Apart I in the Hellt United Hellt Contents the	Classes 9. 38, 39- 42, 37
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English Translation  2. DISCLAIMER (if applicable)  NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  SECURITY / "APART FROM THE MARK AS SHOWN.  I. Martin Rudz   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 is such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this applicant on mythe applicant 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  Advanced Compatible Solutions, Inc.  MARIN RUPZIK V. P.  Applicant's signature or authorized person's signature  (List name and title)  STATE OF Florida  COUNTY OF Orange  On this 20 Hay of Tankan Supplicant August personally known to me  Whose identity I proved on the basis of GOW PL. DL  Notary Public Signature  Apal J. no the H.H.J.  Notary Public Signature  Apal J. no the H.H.J.  Notary's Printed Name	1. The mark to be registered is: (If logo/design is included, please give brief written description which
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Different's signature of applicant    MARIN RUPLIK V. P.	the right to use such mark in Florida either in the identical form or in such hear resemblance as to be likely to deceive or conjuse or to be mistaken therefor. I make this affidayit and verification on my/the applicant's behalf. I further acknowledge that I have read the
MARIN RUZIK V. P.  Applicant's signature or authorized person's signature (List name and title)  STATE OF Flort da  COUNTY OF Orange  On this 20 Hoday of Tankam 2005, Markin Rugzik personally appeared before me,  who is personally known to me whose identity I proved on the basis of both PL. DL  Notary Public Signature  April Tingette Hittel  Notary's Printed Name	Advanced Compatible Solutions, Inc.
COUNTY OF Ocange  On this 20 Hday of January 2005, Martin Augusk personally appeared before me,  who is personally known to me whose identity I proved on the basis of woll) PL. DL  Notary Public Signature  April Jing ette Hittel  Notary's Printed Name	Type or printed name of applicant
COUNTY OF Ocange  On this 20 Hday of January 2005, Martin Augusk personally appeared before me,  who is personally known to me whose identity I proved on the basis of woll) PL. DL  Notary Public Signature  April Jing ette Hittel  Notary's Printed Name	MARAN RUPZIK V.P.
On this 20 Hday of Tankary 8005, Martin Rupzik personally appeared before me,  who is personally known to me whose identity I proved on the basis of both PL. DL  Whose identity I proved on the basis of both PL. DL  Notary Public Signature  April Jinnette Hilled  Notary's Printed Name	Applicant's signature or authorized person's signature (List name and title)
On this	STATE OF Planta
who is personally known to me whose identity I proved on the basis of your PL. DL  Who is personally known to me whose identity I proved on the basis of your PL. DL  Notary Public Signature  April Jingette Hitch  Notary's Printed Name	COUNTY OF Orange
(Seal)  Notary Public Signature  April Jing ette Hittel  Notary's Printed Name	appeared before me,
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* * * * Notary's Printed Name  ** ** ** Notary's Printed Name	(Seal) Service and the service of th
	April Jing ette Hittel  Notary's Printed Name
	My Commission Expires: OCHOber D, 8006

FEE: \$87.50 per class









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