

196000000884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

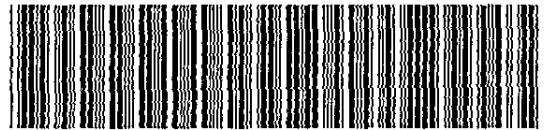
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Voucher
Paid
35.00

Vol. Cancellation.

196-884

Order No. DO244820

Issued on Thu, 23 Mar, 2006
Created on Thu, 23 Mar, 2006 by Ariba System

Supplier:

Florida Department of State
430 East Gaines Street/Coleman Building Room 111
Tallahassee, FL 32399-0250
Phone: 850-245-6583
Fax: 850-245-6599
Contact: Gracie Penton/Flags

Ship To:

AHCA - TALLAHASSEE
RM 3116
2728 FORT KNOX BLVD
TALLAHASSEE, FL 32308
United States

Deliver To:

Mary Jo Beeman

Bill To:

AHCA Bill To
BLDG 2 STE 200 MS 14
2727 MAHAN DR
TALLAHASSEE, FL 32308
United States

Entity Description: Agency for Health Care Administration
Organization Code: 68101000000
Object Code: 680000-131340
Expansion Option: GR
Exemption Status: Not Exempt
Exemption Reason?: Funds Subject to Fee

Item	Part Number	Unit	Qty	Description	Need By	Unit Price	Extended Amount
1		Each	1	Cancellation fee to cancel the CHPA Mark - registered with the Department of State. This requires a JT for payment. Please use the following codes on the JT: Samas 45101000132453001-00 00BE: 000100 Obj. 001000. DO NOT MAIL JT WE WILL HAND DELIVER WITH APPLICATION FORMS.	none	\$35.00000USD	\$35.00000USD

Recycled Content?: N
Distributors?: N
Contract ID:
Ship To Code: A01jcjes.q
Requester Phone:
Master Agreement:
Buyer Code:



Requester: Mary Jo Beeman
PR No.: PR684562
Method of Procurement: L - governmental agency per 287.057(5)(f)13, defined in 163.3164(10).
Shipping Method: Best Way
FOB Code: Destination freight paid by vendor and included in price. Title passes upon receipt. Vendor files any claims.
Fiscal Year Indicator: 2006

PO Start Date: Fri, 17 Mar. 2006
PO End Date:
PUI#: 5900
SiteCode: 680000-00
Encumber Funds. Yes
Version: 1
P Card Order: No
Terms and Conditions: http://marketplace.myflorida.com/vendor/po_tou.pdf
Additional Item Info:
P Card Order?: No

Total	\$35.00000USD
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Status: Ordering

Approvals

No Approval Requests

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE 03/28/2006

S-W/Agency Voucher No.

OLO 680000

JT-2

D60-0057-0511

DEPARTMENT AGENCY FOR HEALTH CARE ADMINISTRATION

006874

SITE FINANCE AND ACCOUNTING-PRINTER ID.- R981

P

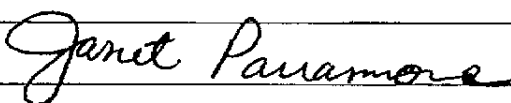
CFO ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
			25	45
CFO ACCOUNT NAME				
INVOICE	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
68101000298-6820000000-04000000		1313	35.00	
GEN REV--AGENCY FOR HEALTH CARE				
EXPENSES				
INV: T960-0884	35.00			
45101000132-4530010000-00010000				35.00
GENERAL REVENUE FUND				
FEES				
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL	TOTAL
			35.00	35.00

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:



Audited By

TITLE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHPA
(Name of Mark to be Cancelled)

The enclosed Application for the Cancellation of a Trademark and/or Service Mark and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Jo Beeman
(Contact Person)

Agency For Health Care Administration
(Firm/Company)

227 Mahan Dr. MS#2
(Address)

Tallahassee, FL 32308
(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Jo Beeman at (850) 922-7245
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$87.50 Filing Fee and Certified Copy

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E077(1/06)

APPLICATION FOR THE CANCELLATION OF A
TRADEMARK AND/OR SERVICE MARK

Pursuant to s. 495.101, Florida Statutes, the undersigned hereby submit(s) this application to
cancel the following trademark and/or service mark registration:

1. Mark to be cancelled: CHPA

2. Registration Number: T96 0000000884

3. Date of Registration: 8/2/1996

4. Signature of Owner(s):

Mary Jo Beeman
Owner's Signature

Co-Owner's Signature, if any

Mary Jo Beeman

Typed or Printed Name of Person Signing Above

Agency for Health Care Admin.

Typed or Printed Name of Owner

Typed or Printed Name of Co-Owner

STATE OF Florida

COUNTY OF Leon

On this 24 day of March, 2006

Paula A. Noor
[Enter Name(s) of Person(s) Signing Above]

personally appeared before me, ☒ who is/are personally known to me or ☐ whose

identity(ies) I proved on the basis of

Paula A. Noor

Notary Public's Signature

(Seal)

Paula Noor

Notary Public's Printed Name



My Commission Expires April 18, 2007
MY COMMISSION # DD202264 EXPIRES
BONDED THRU TROY FAIN INSURANCE, INC.

(Attach additional sheet if necessary)

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
06 APR -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA