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FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 21, 2003

COLLEEN PEARSALL 6807 HIBISCUS LANE FT. MYERS, FL 33919

SUBJECT: 4% PROPERTIES Ref. Number: W03000005224

We have received your document for 4% PROPERTIES 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) (36) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (36).

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: PROPERTIES

We need three permanent specimens, which may be the same or different. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

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.

. 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:
	Colleen Pearsacc
	6807 Hisiscus LN
	7+. Myers 76 33919
	(239) 418 1509
	Daytime Telephone number
1. (a)	Applicant's name: Colleen PEARSALL
(b)	Applicant's business address: 6807 Hibiscus LD
	74. Myers 7L 33919
(c)	Applicant's telephone number: (235) 418 150 City/State/Zip
X	Individual
	General Partnership
	than an individual,
	orida registration number: (2) Domicile State:
(3) Fe	deral 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.)
	Real Estate Brokerage
(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.)
	Signs, Web, Advectising, Brochures
	(Continued)

(d) The class(es) in which goods or service	es fall:
	PART II essor, or a related company (must include month, day and year): し
The mark to be registered is: (If logo/de must be 25 words or less.)	PART III sign is included, please give brief written description which
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	28 CR
English Translation	THE ORDER
2. DISCLAIMER (if applicable)	5
NO CLAIM IS MADE TO THE EXCLUS	GIVE RIGHT TO USE THE TERM " PROPERLY SHOWN.
the right to use such mark in Florida either in the is be mistaken therefor. I make this affidavit and ver application and know the contents thereof and that	being sworn, depose and say that I am the owner and the applicant the owner and applicant herein, and no other person except a related company has dentical form or in such near resemblance as to be likely to deceive or confuse or to rification on my'the applicant's behalf. I further acknowledge that I have read the the facts stated herein are true and correct Typed or printed name of applicant
Applies	ant's signature or authorized person's signature (List name and title)
STATE OF Florido	(List name and time)
COUNTY OF LEE	
On this 22 rd day of Sanuary appeared before me,	acos, Colleen Pearsall personally whose identity I proved on the basis of Fla. Dairers license
(Seal)	Jamy Public Signature TAMMY Sollins Notary's Printed Name
TAMMY J. COLLINS	My Commission Expires: 08-17-03
MY COMMISSION # CC 849577 EXPIRES: August 17, 2003 Bonded Thru Western Surely Company	FEE: \$87.50 per class





Collegn Pearsall, Broker/Owner E-Mail collegn@4percentproperties.net
(239) 939-6034 (239) 209-8844 cell Visit Our Web Site @

(239) 209-8844 cell Visit Our Web Site @ www.4percentproperties.net