

924600

Thomas Joel Chawik  
Requestor's Name

909 E. Parker St.  
Address

Lakeland, FL 33801  
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. No Money (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
01 JAN 11 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600003532766-1  
-01/11/01--01051--003  
\*\*\*\*175.00 \*\*\*\*175.00

**RENEWAL**

OTHER FILINGS	
Document Examiner	Annual Report DCC
Update	Fictitious Name DCC
	Name Reservation
Secretary Verifier	DCC
Secretary Agent	DCC
Secretary Verifier	DCC

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

3. TAX FILING 175.00  
 R.A. FEE \_\_\_\_\_  
 C. D. V. \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 H. BANK \_\_\_\_\_  
 FEE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

Examiner's Initials

924600



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

December 27, 2000

THOMAS JOEL CHAWK  
909 E. PARKER ST.  
LAKELAND, FL 33801

SUBJECT: FAMILY LEGAL CENTERS OF THOMAS JOEL CHAWK, P.A.  
Ref. Number: 924600

We have received your document for FAMILY LEGAL CENTERS OF THOMAS JOEL CHAWK, P.A., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$175.00.

The renewal must include a statement that the mark is still in use in Florida, or that its nonuse is due to special circumstances which excuse such nonuse.

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) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 600A00064531

Florida Department of State, Katherine Harris, Secretary of State  
MARK RENEWAL APPLICATION

November 30, 2000

THOMAS JOEL CHAWK  
909 EAST PARKER STREET  
LAKELAND, FL, 33801

Mark Registered: FAMILY LEGAL CENTERS OF THOMAS JOEL CHAWK, P.A.  
Registration Number: 924600

Date Filed: 05/27/1981      Renewal Date: 05/27/2001  
Class(es): 1-0020 2-0042

Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida or the reason for its nonuse.)

FILED  
JAN 11 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

If applicant is a corporation, enter state of incorporation: \_\_\_\_\_

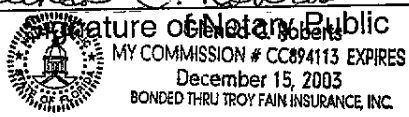
I, Thomas Joel Chawk, being sworn, depose and say that I am the  
President of the applicant herein, and make this affidavit and

verification in \_\_\_\_\_ behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.

Name of business in which mark is filed, if any  
TJ Chawk President  
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 14th day of December, 2000.

Glenda C. Roberts  
Signature of Notary Public  
Glenda C. Roberts



(Notary Seal)  
My commission expires: \_\_\_\_\_

See reverse side for instructions.