

T0000000519

FILED
00 MAY -5 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name _____
Address _____
City/State/Zip _____ Phone # _____

Office Use Only

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

1. Genesis 4 Mail
(Corporation Name) (Document #)
2. 789/764/747/745/746/526/791 700003162037-3
(Corporation Name) (Document #) NO
-03/08/00--01050--002
****137.50 ****137.50
3. C35 671 700003162037-3
(Corporation Name) (Document #) NO
-03/08/00--01050--002
****137.50 ****87.50
4. _____
(Corporation Name) (Document #)

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

legal entity

T-619

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

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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

7

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200-06070-00780780-
4500#53
DEFENDANT STATE

W-7448

Name	
Availability	<i>NP</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

March 21, 2000

KAREN THOMPSON
GENESIS 4 MAIL
727 S. ORANGE AVENUE
SARASOTA, FL 34236

SUBJECT: GENESIS 4 MAIL
Ref. Number: W00000007448

We have received your document for GENESIS 4 MAIL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The applicant must be a legal entity, such as an individual, firm, partnership, corporation, association, or union. You may list the applicant's fictitious name in addition to the applicant's legal name. If the applicant is a partnership, please indicate general or limited partnership in Part I(1).

Class(es) (35) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (35).

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

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

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) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 300A00015421



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 18, 2000

KAREN THOMPSON
GENESIS 4 MAIL
727 S. ORANGE AVENUE
SARASOTA, FL 34236

SUBJECT: GENESIS 4 MAIL
Ref. Number: W00000007448

We have received your document for GENESIS 4 MAIL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Class(es) (35) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (35).

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

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) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 600A00021178

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:

~~GENESIS 4 MAIL~~
~~727 S. ORANGE AVE~~
~~SARASOTA, FL 34236~~
(941) 953-2400
Daytime Telephone number

PART I

1. (a) Applicant's name: GENESIS 4 MAIL (*Genesis Marketing & Consulting*)
(b) Applicant's business address: 727 S. ORANGE AVE
SARASOTA, FL. 34236
City/State/Zip
(c) Applicant's telephone number: (941) 953-2400
 Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

- (1) Florida registration number: 993-55423 (2) Domicile State: FL
(3) Federal Employer Identification Number: 65-0429274

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.)

WE SELL DIRECT MAIL PROMOTIONS TO AUTO DEALERS VIA TELEPHONE & FAX MACHINES

(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.)

N/A

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Business cards & advertising

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

CLASS 35

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: 3-23-00 (b) Date first used in Florida: 3-23-00

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.)

"Genesis 4 Mail"

2. DISCLAIMER (if applicable)

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

I, KAREN THOMPSON, 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

KAREN THOMPSON

Typed or printed name of applicant

[Handwritten Signature]

VICE PRESIDENT

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

STATE OF FLORIDA

COUNTY OF SARASOTA

On this 14th day of APRIL, 2000, personally appeared before me,

[X] who is personally known to me [] whose identity I proved on the basis of

(Seal)

Gail M. Tipner

Notary Public Signature

GAIL M. TIPNER

Notary's Printed Name

My Commission Expires: 6/2/2000

FEE: \$87.50 per class

OFFICIAL NOTARY SEAL GAIL M TIPNER NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO. CC558642 MY COMMISSION EXP. JUNE 2, 2000

FILED 00 MAY -5 AM 9:18 TALLAHASSEE, FLORIDA

Genesis4mail



BILL THOMPSON
President

727 S. ORANGE AVE.
SARASOTA, FL 34236

TEL 941/953-2400
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bill@genesis4mail.com