T00000000551

Requester's Name

Address

City/State/Zip Phone #

300003235489---7
-05/02/00--01069--002
*****87.50 *****87.50

Office Use Only

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

1. A Better Pet Solution (42)
(Corporation Name) (Document #)

2. 789/740/671
(Corporation Name) (Document #)

3. A Better, Pet, Solution
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

00 MAY 22 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy T-551 ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

(5)

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

~~W-11964~~

Name Availability	NJC
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 8, 2000

PAT A. GIANNASIO,
A BETTER PET SOLUTION
P.O. BOX 446
SAFETY HARBOR, FL 34695

SUBJECT: A BETTER PET SOLUTION
Ref. Number: W00000011964

We have received your document for A BETTER PET SOLUTION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: A BETTER, PET, SOLUTION

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: 400A00025433

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:

A BETTER PET SOLUTION
P O BOX 446
SAFETY HARBOR, FL 34695
(727) 725-0206
Daytime Telephone number

PART I

1. (a) Applicant's name: PAT. A. GIANNASIO

(b) Applicant's business address: P O BOX 446
SAFETY HARBOR, FL 34695
City/State/Zip

(c) Applicant's telephone number: (727) 725-0206

☑ Individual ☐ Corporation ☐ Joint Venture ☐ Other: _____

☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: _____ (2) Domicile State: _____

(3) Federal 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.)

PET SITTING & HOME CARE SERVICES

(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.)

may be used for: business cards, brochures, labels, decals, flyers, newspaper advertisements, stationery, signs, license, legal documents, etc.

(Continued)

CR2E014(7/97)

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

(P) 42

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: Sept. '99 (b) Date first used in Florida: Sept. '99

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.)

A BETTER PET SOLUTION

(in stylized form)

(84)

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " PET, SOLUTION A BETTER " APART FROM THE MARK AS SHOWN.

I, Pat A. Giannasio, *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*

PAT. A. GIANNASIO, OWNER

Typed or printed name of applicant

X Pat. A. Giannasio, Owner

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

FILED
00 MAY 22 AM 11:4

STATE OF Florida

COUNTY OF Pinellas

On this 20 day of April, 19~~00~~, Patsy Giannasio personally appeared before me,

☐ who is personally known to me ☒ whose identity I proved on the basis of DL# F165066135860

Elizabeth Ann Gasparino

Notary Public Signature

Elizabeth Ann Gasparino

Notary's Printed Name

(Seal)

ELIZABETH ANN GASPARINO
MY COMMISSION # CC 678657
EXPIRES: September 9, 2001
Bonded Thru Notary Public Underwriters

My Commission Expires: _____

FEE: $87.50 per class


"For Your Pet & Home Care Needs"
Stick with . . .
A BETTER PET SOLUTION
P.O.Box 446
Safety Harbor, FL 34695
725-0206