

101 000 000 586

Requester's Name _____

Address _____

City/State/Zip _____ Phone # _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 31 PM 2:14

Office Use Only

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

1. 789/746/747/676/304/749/671
(Corporation Name) (Document #) **500004190535--2**
-05/09/01--01055--003
*****87.50 *****87.50
2. 20/35
(Corporation Name) (Document #)
3. If you both build + sell the furniture you
(Corporation Name) (Document #)
4. need to reg. in 2 classes. ~~Wanted~~ Part III incomplete
(Corporation Name) (Document #)

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

NEW FILINGS

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

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger
- 101-586**

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other
- 101-11282**

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 17, 2001

STEPHEN T. MADDALONI
P.O. BOX 7022
JACKSONVILLE, FL 32238

SUBJECT: PART III INCOMPLETE - ALACRITY ERGONOMIC SYSTEM
Ref. Number: W01000011282

We have received your document for PART III INCOMPLETE - ALACRITY ERGONOMIC SYSTEM and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Class(es) 20 and 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) 20 and 35.

There is a balance due of \$87.50.

If you both build and sell the furniture you need to registered in two classes.

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.

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:

STEPHEN T. MADDALONI
P.O. Box 7022
JACKSONVILLE FL 32238
(904) 276 7259
Daytime Telephone number

PART I

1. (a) Applicant's name: STEPHEN T. MADDALONI

(b) Applicant's business address: 1275 KINGSLEY AVE
ORANGE PARK FL
City/State/Zip

(c) Applicant's telephone number: (904) 276 7259

☒ 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: NONE

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.)

DESIGN AND BUILD FURNITURE AND CABINETRY

(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.)

BUSINESS CARDS

(Continued)

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: 1-23-01 (b) Date first used in Florida: 1-23-01

PART II

1. The mark to be registered is: (If logo/design is included must be 25 words or less.) Please give brief written description which

ALACRITY ERGONOMIC SYSTEMS

2. DISCLAIMER (if applicable)

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

I, STEPHEN T. MADDALONI, 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

STEPHEN T. MADDALONI

Typed or printed name of applicant

[Signature]

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

STATE OF Florida

COUNTY OF Clay

On this 7 day of May, 2001, Stephen T. Maddaloni personally appeared before me,

☐ who is personally known to me ☒ whose identity I proved on the basis of driver's license

(904) 276-7259

(904) 317-2375

Alacrity Ergonomic Systems

Fine Furniture • Cabinetry
Work Places

STEPHEN T. MADDALONI

P.O. BOX 7022
JACKSONVILLE, FL 32238

Commission Expires:

\$87.50 per class

38

Christine M. Perlowick

Notary Public Signature

Christine M Perlowick

Notary's Printed Name



Christine Perlowick
My Commission CC849778
Expires June 27, 2003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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