

# T0100000 1073

LuAnn Moss

Requester's Name

6640 Hartland St

Address

Ft. Myers, FL 33912

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

300004615693--8

-09/28/01--01018--004

\*\*\*\*\*87.50 \*\*\*\*\*87.50

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(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

Name  
Availability

### OTHER FILINGS

Document  
Examiner

- ☐ Annual Report
- ☐ Fictitious Name

Updater

Updater

Verifier

DCC

Acknowledgement

DCC

W. P. Verifier

CR2E031(7/97) DCC

### AMENDMENTS

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

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 23 PM 1:30

FILED

- ① class 41
- ② also disclaim
- ③ specimens

Examiner's Initials

6 pages

W01000023033

T0100000 1073

✓



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 5, 2001

LUANN MOSS  
6640 HARTLAND ST  
FT MYERS, FL 33912

SUBJECT: FLORIDIAN FITNESS BY L MOSS, PT & DESIGN OF A PINK  
FLAMINGO  
Ref. Number: W01000023033

We have received your document for FLORIDIAN FITNESS BY L MOSS, PT & DESIGN OF A PINK FLAMINGO 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) 41 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 41.

You must disclaim the term(s) FITNESS in addition to the term(s) already disclaimed. Please amend # 2 in Part III accordingly.

Part III of your application contains an informational statement. Informational statements are not registrable components. Please delete "BY L MOSS, PT," from Part III of the application.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 301A00055746

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:

Lu Ann Moss  
6640 Hartland St.  
Fort Myers FL 33912  
(941) 278-1397  
Daytime Telephone number

PART I

1. (a) Applicant's name: Lu Ann Moss

(b) Applicant's business address: 6640 Hartland St

Fort Myers FL 33912  
City/State/Zip

(c) Applicant's telephone number: (941) 278-1397

☒ 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.)

The services in connection will be health, fitness  
and wellness programs. (Personal training, aerobic  
classes etc.)

(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, labels, brochures, etc.

(Continued)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

services relating to health and fitness - health club  
41

**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 24, 2001 (b) Date first used in Florida: Sept 24, 2001

**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.)

The logo contains two (2) larger script w/ smaller script w/ a single "Flamingo" Floridian Fitness  
(see attached brochure for registered mark)

English Translation

2. DISCLAIMER (if applicable)

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

I, Lu Ann Moss, 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, 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

Lu Ann Moss

Typed or printed name of applicant

[Signature]

(List name and title)

L. Moss - owner

STATE OF Florida

COUNTY OF Lee

On this 26th day of September, 2001, Luann Muske Moss personally appeared before me,

☐ who is personally known to me ☒ whose identity I proved on the basis of Valid Florida Drivers license

(Seal)



[Signature]

Notary Public Signature

Kevin Mikolashek

Notary's Printed Name

My Commission Expires: 7/20/03

FEE: \$87.50 per class

FILED  
23 PM 1:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



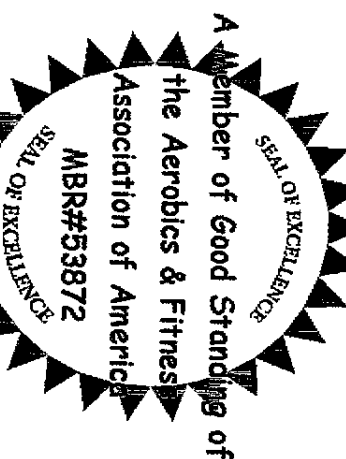
# Floridian Fitness

Professional Personal Trainer  
& Fitness Instructor

Lu Ann Moss  
Fort Myers, Florida  
(941) 278-1397

Website:

[www.floridianfitness.com](http://www.floridianfitness.com)



Lu Ann has been teaching & training in the Health & Fitness industry for over 20 years, helping people reach their individual fitness & wellness goals. Her therapeutic & holistic approach focuses on a central premise: all individuals are unique.

Lu Ann tailors personal training programs for your special needs, taking into consideration all facets of your life to ensure health & balance. She has extensive experience working with people of all ages, from children to seniors, with or without impairments.

Whether you are wanting to improve health & fitness or suffering from chronic pain, recovering from an injury or training for an athletic event....

Lu Ann will design a program for you.

## Featured Classes.....

Body Ball Fitness \* Cardio Options  
Circuit Training \* Stretch for Flexibility  
STEP \* YogaSculpt & More...

## Lu Ann is a Licensed BIOMETRICS

### Nutrition Provider

which is an unique combination of eating & exercise plans consisting of a distinct format of resistance training combined with specifically designed & customized diet plans, all designed & calibrated to produce maximum fat loss while simultaneously increasing or maintaining lean tissue & any and all improvements for Southwest Florida

**\* CERTIFIED \* LICENSED \***  
**INSURED \* BONDED**

AFAA

Aerobics & Fitness Association of America

CI#915304; PT#962-4; SR#2178

AAAI

American Aerobic Association International

& ISMA

International Sports Medicine Association

Certified Yoga Instructor ID#56763

Professional Alliance REEBOK Instructor

MBR#100186055

## Specialties.....

Group Instruction \* One-on-One Training  
Aqua Aerobics & Aquatic Therapy  
Back Care/Rehab \* Osteoporosis Programs  
Golf & Tennis Training & More...

## Key Interests...

Physical Therapy, Indoor & Outdoor  
cardiovascular training, Pilates & yoga  
programming, sports nutrition & weight  
training.

**\* Servicing Communities with starter  
programs for fitness**



**GOD BLESS AMERICA**