

T02000000273

Lee Oakes
Requestor's Name
265 Timberlane Rd
Address
Tallahassee, FL 32312 850 385-8407
City/State/Zip Phone #

Office Use Only

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

- Summit Professional Services, Inc.
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)
- _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

OTHER FILINGS	
Name Availability	
Document	
Examiner Fictitious Name	DCC
Updater Name Reservation	
Updater	
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC
CR2E031(1/95)	

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

000005107920--0
-03/14/02--01050--001
*****87.50 *****87.50

FILED
02 MAR 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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:

Lisa Oakes
265 Timberlane Rd.
Tallahassee, FL 32312
(850) 385-8407
Daytime Telephone number

PART I

1. (a) Applicant's name: Lisa Oakes
(b) Applicant's business address: 1901 Welby Way
Tallahassee, FL 32312
City/State/Zip
(c) Applicant's telephone number: (850) 570-2806
☒ 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.)

Grantwriting, Program Management and Engineering

- (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.)

Brochures, Proposals, Letterhead, Business Cards

(Continued)

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

Class 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: 8/29/96 (b) Date first used in Florida: 8/29/96

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.)

Summit Professional Services, Inc.

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Professional Services, Inc." APART FROM THE MARK AS SHOWN.

I, Lisa Oakes, 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

Lisa Oakes

Typed or printed name of applicant

Lisa Oakes

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

FILED
02/03/03
AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF

Florida

COUNTY OF

Leon

On this 13 day of March, 2002, Lisa Oakes personally appeared before me,

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



Trina M. Draper
MY COMMISSION # CC861790 EXPIRES
September 7, 2003
BONDED THRU TROY FAIN INSURANCE, INC.

Trina M. Draper

Notary Public Signature

Trina M. Draper

Notary's Printed Name

My Commission Expires: September 7, 2003

FEE: \$87.50 per class



Summit Professional Services, Inc.

- Grant Writing
- Program Management
- Financial Management
- Housing Rehabilitation
- Engineering
- Engineering Inspection
- Planning

LISA A. OAKES

President

Director of Grant Services

P.O. Box 13356
Tallahassee, FL 32317-3356
(850) 309-1951
Fax (850) 309-1952