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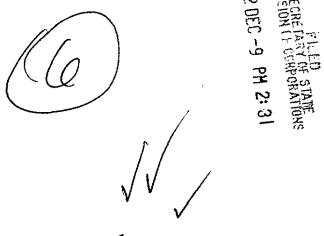
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102-1425



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 18, 2002

**RUTH ELISE ANDERSON** P.O. BOX 696 HIGHLAND CITY, FL 33846

SUBJECT: SCANDIA, INC. AND DESIGN OF CIRCLE DIVIDED IN THE MIDDLE, SIX HORIZONTAL LINES ON THE LEFT SIDE OF CIRCLE

Ref. Number: W02000032849

We have received your document for SCANDIA, INC. AND DESIGN OF CIRCLE DIVIDED IN THE MIDDLE, SIX HORIZONTAL LINES ON THE LEFT SIDE OF CIRCLE 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 must list a more specific service in #2(a) in Part I of the application.

Your mark contains word(s)/design(s) that must have a disclaimer. 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: INC.

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) 245-6918.

Letter Number: 102A00062329

Nanette Causseaux Corporate Specialist Supervisor December 02, 2002

Ms.
Nanette Causseaux
Corporate Specialist Supervisor
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Ms. Causseaux:

Per our telephone conversation, I have made the requested adjustments to Scandia application.

Best regards,

Ruth Elise Anderson

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MAR 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:  Ruth Elise Anderson  Po Box 696  Highland City FL 33846,
(863) 709-837-9.  Daytime Telephone number  PART I
1. (a) Applicant's name: SCANDIA, Inc.
(b) Applicant's business address: POBOX 696, Highland City, FL 33846 (Mailing 4419 Selkirk Lane East, Lakeland, FL 33813
(c) Applicant's telephone number: (863) 709-8379  Individual Corporation Joint Venture Other:  General Partnership Limited Partnership Union  If other than an individual,
(1) Florida registration number: Po2000 80328 (2) Domicile State: Florida (3) Federal Employer Identification Number: 47-0879497
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.)
Representing distributing and trading goods.  We are the leaven between manufactures and huyer  we act ap brokers we receive commercian for the transaction  (b) If the mark to be registered is a trademark, the goods in connection with which the mark is used it is for  (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)
products many ( mils, etc)
(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, esto.

(Continued)

d) The class(es) in which goods or services fall:
· · class 35
(business).
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: 1996 (b) Date first used in Florida: Joy 24, 2002
PART III
1. The mark to be registered is: (If logo/design is included, please give brief written description which
Red circle, divided in the middle, six horizontal lines on left
side of circle letters in "Palatino Linotype) font,
() Scandia Inc.
B scandia the.
English Translation
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " IN C &
" APART FROM THE MARK AS SHOWN."
I, Nuth Clisc Anderson 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
SCANDIA, Inc. Ruth Elix Anderson.  Typed or printed name of applicant
Ruth Elise Indorson
Applicant's signature or authorized person's signature Director of
STATE OF Florida (List name and title) Operations.
COUNTY OF POLK.
On this 30 day of July , 2002, Ruth Elise Anderson personally
appeared before me,
who is personally known to me whose identity I proved on the basis of
Tindra I mith
Notary Public Signature  Notary Public Signature
ENOTARY O My Comm Exp. 9/21/2003
No. CC 872982  Notary's Printed Name  My Commission Expires: 9 71 7003
MIVE OFF MISSION EXPIRES.

**FEE:** \$87.50 per class



Ruthelise Anderson
Director of Operations

863-709-8379 / 863-255-1001 scandiausa@juno.com PO Box 696 Highland City FL 33846