(Requestor's Name) (Address) (Address)	800047718898
(City/State/Zip/Phone #)	
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(Business Entity Name)	05 MAR 28 PM 1: 52
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"By Calerie D'Or tora	105-41

**87.50

you can only be protected, the goods! products you have now,



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 16, 2005

VALERIE M. D'ORTONA 7711 SW 36TH AVENUE GAINESVILLE, FL 32608

SUBJECT: ISABEL'S WORLD Ref. Number: W05000013748

We have received your document for ISABEL'S WORLD 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 can only be protected for the goods/products you have now, not for future good/products. Please delete all future goods from Part I 2(b).

Class(es) (16) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (16).

Part III of your application contains an informational statement. Informational statements are not registrable components. Please delete "BY VALERIE D'ORTONA" from Part III of the application.

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: 605A00018147

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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:
		Velerie M. D. Ortona
		=7711 SW 36th Ave.
		-Gainesville, FL 32408
		(352) 335 2696 Daytime Telephone number
		PARTI
1. (a)	Applicant's name: Valerie M	- D'Ortona
(b)	Applicant's business address: 7711	SW 36th Ave.
		esville. FL 32608
(c)	Applicant's telephone number: (352	City/State/ZiD
	Individual	·
	General Partnership	rtnership
If othe	er than an individual,	. /-
		2 (2) Domicile State: Ma
(3) Fe	deral Employer Identification Number: _	Na Na
2. (a)	If the mark to be registered is a service n (i.e., furniture moving services, diaper se	nark, the services in connection with which the mark is used: ervices, house painting services, etc.)
	Na	

(b)	If the mark to be registered is a trademar (i.e., ladies sportswear, cat food, barbecu	k, the goods in connection with which the mark is used: e grills, shoe laces, etc.)
Curr	eutly, "goods include: pos	I cards, greating cards, prints, bookmarks, an
	utings.	and the second s
	the second of the second of the second	Carlot 27 A. Series and A. Series
		is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
Cur	cently, the mark is us	ed on a handstemp; it is then imprinted
on 4	he items identified above	as "goods." The mark is also used
in n	ewspaper advertisements	and fliers.
	v ř	(Conunued)

(d) The class(es) in which goods or services fall:
PÀRT II
 Date first used by the applicant, predecessor, or a related company (must include month, day and year): (a) Date first used anywhere: 7-25-04 (b) Date first used in Florida: 7-25-04
1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
Isabel's World
English Translation
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " " APART FROM THE MARK AS SHOWN.
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
Valerie M. D'Ortona Typed or printed name of applicant Value M. N. Ortona
Applicant's signature or authorized person's signature (List name and title) STATE OF Florida Of State of St
COUNTY OF Hachua On this // th day of March , 205, personali
appeared before me, who is personally known to me whose identity I proved on the basis of FWD 6358734
(Seal) S. WILLIAMS Notary Public, State of Florida My comm. expires June 20, 2008 No. DD 313159 No. DD 313159
Notary's Printed Name My Commission Expires:

FEE: \$87.50 per class

Greeting card

©Isabel's World Artistic Creations by Valerie D'Ortona valebay@bellsouth.net



"Cow Girl"