

105000001478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2932
789/304/747/761/676/671
33034

Office Use Only

If you have wines/tobacco products manufactured for you, you should be up as a Tm in classes 33034. We need 31 labels each class. However, if you are a wine/wine or cigar bar for customers to enjoy wine & smoke



600060995966

11/04/05--01001--018 **96.25

175.00 due

6

W05-49

105-1478

RECEIVED
05 NOV -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED

05 NOV -4 AM 10:06

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Foo Bar, Inc.

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☒ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

11/4/05 11:00



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 9, 2005

CAPITAL CONNECTION, INC.
WALK-IN
PICK-UP
TALLAHASSEE, FL

SUBJECT: FOO BAR
Ref. Number: W05000049947

We have received your document for FOO BAR and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$78.75.

You must list a more specific product in #2(b) in Part I of the application.

If these are your products/goods manufactured solely for you, then you fall under classes 33 and 34 as a trademark. If you are a wine/cigar bar whereby you sell wine, smokers products to customers and they can enjoy the goods in a bar like atmosphere, you fall under class 42. If you are a retail store selling wine/smokers products, you fall under class 35.

Class(es) 33 & 34 would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) 33 & 34.

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

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.

Nanette Causseaux

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:

Kimberly Dutton s/o Foo Bar, Inc.

816 E. New Haven Avenue

Melbourne, Florida 32901

(321) 961-1322

Daytime Telephone number

PART I

1. (a) Applicant's name: Foo Bar, Inc.

(b) Applicant's business address: 816 E. New Haven Avenue

Melbourne, Florida 32901

City/State/Zip

If different, Applicant's mailing address: _____

City/State/Zip

(c) Applicant's telephone number: (321) 961-1322

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other: _____

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration/document number: P04000025764

(2) Domicile State: Florida

(3) Federal Employer Identification Number: 200805588

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.)

Cigar & alcohol beverage lounge

(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, barbecuc grills, shoe laces, etc.)

Shirts, napkins, advertising products

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Signs, newspaper advertisements, brochures, labels

(Continued)

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

Class 42, 35 & 48

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: 10/24/05 (b) Date first used in Florida: 10/24/05

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.)

Foo Bar

English Translation

2. DISCLAIMER (if applicable)

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

I, Alison J. Moses, Esq.

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

Alison J. Moses, Esq.

Typed or printed name of applicant

Alison J. Moses

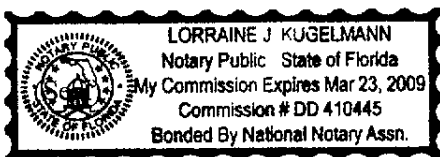
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Brevard

On this 25 day of October, 2005, Alison J. Moses personally appeared before me,

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



Lorraine J. Kugelmann

Notary Public Signature

Notary's Printed Name

My Commission Expires:

FEE: \$87.50 per class

FILED
05 NOV 21 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

