## F0600000 1450

(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

Division of Corporation	IS .			
SUBJECT: Shore Decor				
(Mark to be registered)				
The enclosed Trademark/Service	Mark Application, specimens an	d fee(s) are submitted for filing.		
Please return all correspondence	concerning this matter to the folk	owing:		
Jimmy Melissas				
	e of Person)			
Shore Decor				
(Firm	Company)			
3200 East Bay Dri	ve			
(Addr	ess)			
Largo, FL 3377	1			
(City/	State and Zip Code)			
For further information concerni	ng this matter, please call:			
Jimmy Melissas	at ( 727	532-4200		
(Name of Person	a) (Area C	ode & Daytime Telephone Number)		
MAILING ADDRESS:	STREET/C	OURIER ADDRESS:		

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 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		Name &	address to whom acknowle	dgment should be	: sent:	
Tallahassee, FL 32314	Jimn	ny Melissas				
		3200	3200 East Bay Drive			
		Largo	, FL 33771			
			532-4200 Telephone number		<del>-</del>	·
		PART	I			
1. (a)	Applicant's name: Jimmy Melist					
	) Applicant's business address: 320					
ν-,		go, Florida 33771				
	- companyable		City/State/Zip	· · · · · · · · · · · · · · · · · · ·		
Ifdifi	Perent, Applicant's mailing address:			<del> </del>	<del></del>	<del></del>
			City/State/Zip			<del> </del>
(0)	Applicant's telephone number:	727 \ 532-4200	•	84 home		
	Individual Com		☐Joint Venture	Other;		
Ē		ted Partnership	Union		500	960
If other	er than an individual,				ئىي <del>ۇ</del> دى ئىچى	130
(1) F	lorida registration/document numbe	r:	(2) Dom	icile State:	7 \$ 1 L	<del>- 63</del> - 3
(3) F	ederal Employer Identification Nun	ıber:				-2 <del>3</del> - 2
2. (a)	If the mark to be registered is a ser (i.e., furniture moving services, di	rvice mark, the servi aper services, house	ces in connection with v painting services, etc.)	which the mark	is used:	3:0
Fumi	ture & Accessories and Gifts					
					-	
		· · · · · · · · · · · · · · · · · · ·				<del></del>
(b)	If the mark to be registered is a tra (i.e., ladies sportswear, cat food, be	demark, the goods i	n connection with which aces, etc.)	n the mark is u	sed:	<del></del>
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(c)	The mode or manner in which the	mark is used:(i.e., k	abels, decals, newspaper	advertisement	ts, brochu	res. etc.)
` ′	s, newspaper advertisements, onl	•	• •		,	. ,
		· · · · · · · · · · · · · · · · · · ·				<del></del>
		Trontinu	ed)		<del></del>	

d) The class(es) in which goods or services fa	all:	
Class 35		
Date first used by the applicant, predecess     Date first used anywhere: April 1st 200	PART II sor, or a related company (must include month, day and year):  (b) Date first used in Florida: April 1st 2006	· ·
	PART III	
must be 25 words or less.)	gn is included, please give brief written description which & DESIGN OF DOLPHINS, PALM TREES AND A BEACH S	:HABI
The lege measure of fortic proof to	A DECIGITATION DOES THE A THE ESTATE A DESTRETE	71 101 11
		<u></u>
English Translation		: ·
English Translation		<u>.</u>
<ol><li>DISCLAIMER (if applicable)</li><li>NO CLAIM IS MADE TO THE EXCLUSIVE</li></ol>		
	" APART FROM THE MARK AS SHOWN.	
the right to use such mark in Florida either in the ide	, being sworn, depose and say that I am the owner and the applicant be owner and applicant herein, and no other person except a related company has ntical form or in such near resemblance as to be likely to deceive or confuse or to fication on my/the applicant's behalf. I further acknowledge that I have read the see facts stated herein are true and correct	
<u> Ving</u>	yped or printed name of applicant	
O. W	( dease)	<u></u>
Turner Florida	Applicant's signature (List name and title)	8
STATE OF 10/00		•
COUNTY OF VIVIUS  On this 23 day of COVEV	1006 Jane Molissas	
appeared before me,	, wo, simmy rich 834 personally	
Who is personally known to me	whose identity I proved on the basis of	-
	Notary Public Signature	— <u>`</u> -
(Seal)	MARIA GIÓNIS	- •
	Notary's Printed Name	
	My Commission Expires: 00 3 12007	

FEE: \$87.50 per class

MARIA GIONIS

NOTARY PUBLIC - STATE OF FLORIDA

COMMISSION # DD391333

MY COMMISSION EXPIRES JAN. 31, 2009

