## 107000000849

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(City/Stat	e/Zip/Phone #)	
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107-849

## 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:
		SANDRA BROOKS
		18125 US Hwy 41 N. Suite 106
		Lutz, FL 33549
		( 813 ) 239-4090 (cell)
		Daytime Telephone number
		PART I
1. (a)	Applicant's name:	SANDRA BROOKS
(b)	Applicant's business address:	18125 US Hwy 41 N. Suite 106
	•	Lutz, FL 33549
(c)	Applicant's telephone number:	( 813 ) 239-4090 (cell) City/State/Zip
		Corporation
		imited Partnership Union
If othe	r than an individual,	•
(1) Fl	orida registration number:	(2) Domicile State:
		Number:
` ,	If the mark to be registered is a	a service mark, the services in connection with which the mark is used: s, diaper services, house painting services, etc.)
		DAY SPA SERVICES
-		
<del></del>		
(b)	If the mark to be registered is a (i.e., ladies sportswear, cat food	a trademark, the goods in connection with which the mark is used: d, barbecue grills, shoe laces, etc.)
(c)	The mode or manner in which	the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)
. ,		BUSINESS CARD
	<del></del>	(Continued)

<b>1</b>	44	
	PART II	
1. Date first used by the applicant, predecessor	or, or a related company (must include month, day and	year):
(a) Date first used anywhere: 08/13/2004	(b) Date first used in Florida:08/13/20	04
	PART III	
<ol> <li>The mark to be registered is: (If logo/desig must be 25 words or less.)</li> </ol>	n is included, please give brief written description whi	ch
	s Le Camelot and Day Spa inside the crest with the stylize	ed letters
"L" and "C" also inside the middle	of the crest.	
English Translation SAME		
English Translation SAME		
2. DISCLAIMER (if applicable)		
NO CLAIM IS MADE TO THE EXCLUSIV	E RIGHT TO USE THE TERM " "DAY SPA"	
	" APART FROM THE MARK AS	SHOWN.
, SANDRA BROOKS	, being sworn, depose and say that I am the owner and	d 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	d company has
be mistaken therefor. I make this affidavit and verific	tical form or in such near resemblance as to be likely to deceive o ation on mythe applicant's behalf. I further acknowledge that I	r conjuse or to have read the
application and know the contents thereof and that the		0
	SANDRA BROOKS	
13	/ped or printed name of applicant	是三丁
Janelea f	Brack / applicant-owner	海と「
Applicants	signature or authorized person's signature (List name and title)	祭 是 [
STATE OF FLORIDA		To 6
1.101	-	经品
COUNTY OF + MISSON ON	<u>.</u>	Dt
On this 12 day of 5we	, 2007 , SANDRA BROOKS	personall
appeared before me,		ENCE
who is personally known to me	whose identity I proved on the basis of DRIVERS LICE	ENCE
	<del></del>	
KIMBERLY R. WALLACE	1  1  1  1  1  1  1  1  1  1	- A
Notary Public, State of Florida	Kimbert adde	aec_
Commission# DD597992  My comm. expires Sept. 24, 2010	Notary Public Signature	^^
	KinterluckWalla	<u>UC</u>
	Netary's Printed Name	
	My Commission Evnirus 0104110	

FEE: \$87.50 per class



Day 879a (SM)

Massages, Facials, Waxing & Skin Care
Sandi Brooks: Owner
Le Camelot Day Spa

18125 US Hwy 41 N, Suite 106
Lutz, FL 33549

(813) 774-4475 info@lecamelot.com