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107-897

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07 JUL -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

PART I

1. (a) Applicant's name: Conch Life, Inc.
(b) Applicant's business address: 2342 Covington Creek Circle West
Jacksonville, FL 32224
City/State/Zip

If different, Applicant's mailing address: _____

City/State/Zip

- (c) Applicant's telephone number: (954) 732-0057
☐ Individual ☒ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: _____

If other than an individual,

- (1) Florida registration/document number: P03000032322 ✓ (2) Domicile State: Florida

- (3) Federal Employer Identification Number: 51-0450076

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.)

- (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, barbecue grills, shoe laces, etc.)

Stickers

- (c) The specific way the mark is applied to the good(s) or used in advertising: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

Spray application.

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

016

(Continued)

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: 6/18/07 (b) Date first used in Florida: 6/18/07

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.)

Conch Life Key West with shell between Conch and Florida Keys outline to right and under Life.

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Conch, _____ and Key West ,
Design Florida Keys " APART FROM THE MARK AS SHOWN.

I, Howard A. Caplan

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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

Howard A. Caplan

Typed or printed name of applicant

Howard A. Caplan Attorney and Agent

Applicant's signature
(List name and title)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

STATE OF Florida

COUNTY OF Duval

On this 26th day of June, 2007, Howard A. Caplan personally
appeared before me,

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

(Seal)



MELISSA M. TIPTON
MY COMMISSION # DD 616778
EXPIRES: December 6, 2010
Bonded Thru Budget Notary Services

Melissa M. Tipton

Notary Public Signature

Melissa Tipton

Notary's Printed Name

My Commission Expires: 12/6/10

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