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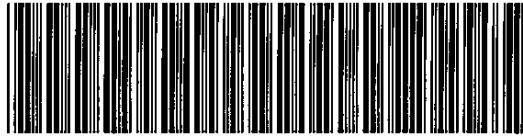
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ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III  
BRUCE H. BOKOR  
JOHN R. BONNER, SR.\*  
GUY M. BURNS  
JONATHAN S. COLEMAN  
MICHAEL T. CRONIN  
ELIZABETH J. DANIELS  
BECKY FERRELL-ANTON  
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STEVEN H. WEINBERGER  
JOSEPH J. WEISSMAN  
STEVEN A. WILLIAMSON  
\*OF COUNSEL

PLEASE REPLY TO TAMPA

FILE NO. STFL113784-1-4  
48080.113784

July 16, 2007

VIA U.S. MAIL

Trademark Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Four (4) New Florida State Trademark Applications for Filing

Dear Sir or Madam:

Please find enclosed four (4) Florida State trademark applications, each being filed in one class, along with three specimens for each for the following marks:

Mark: TOTAL SHAKE (WORD MARK)  
Class: 05  
Goods: Nutritional Supplements

Mark: TOTAL SHAKE TIMES (WORD MARK)  
Class: 16  
Goods: Publications in the field of health and health products

Mark: PRECISION NUTRIENTS (WORD MARK)  
Class: 44  
Services: Providing health and health product information

Mark: DR.JIMMY.COM (WORD MARK)  
Class: 44  
Services: Providing health and health product information

CLEARWATER OFFICE  
911 CHESTNUT ST.  
POST OFFICE BOX 1368 (ZIP 33757-1368)  
CLEARWATER, FLORIDA 33756  
TELEPHONE: (727) 461-1818  
TELECOPIER: (727) 462-0365  
TELECOPIER: (727) 441-8617

TAMPA OFFICE  
403 EAST MADISON ST.  
SUITE 400  
POST OFFICE BOX 1100 (ZIP 33601-1100)  
TAMPA, FLORIDA 33602  
TELEPHONE: (813) 225-2500  
TELECOPIER: (813) 223-7118

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP  
ATTORNEYS AND COUNSELLORS AT LAW

Trademark Registration Section  
July 16, 2007  
Page 2

Please find a check enclosed in the amount of \$350 to cover the filing fee for the four (4) applications (\$87.50 x 4).

Kindly acknowledge receipt of this filing by date stamping a copy of this letter (enclosed) and return it in the enclosed self-addressed stamped envelope. If you have any questions or comments, please do not hesitate to contact me at (813) 225-2500 Ext. 3230.

Very truly yours,

JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP



Lisa D. Herbst

Intellectual Property Paralegal to Joseph J. Weissman

LDH

Enclosures

cc: Dr. James W. Gatza

#111958

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DR.JIMMY.COM

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph J. Weissman

(Name of Person)

Johnson, Pope, Bokor, Ruppel & Burns, LLP

(Firm/Company)

403 East Madison Street, Suite 400

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph J. Weissman

(Name of Person)

at ( 813 ) 225-2500

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**(NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

**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: Dr. Jimmy, Inc.
- (b) Applicant's business address: 205 N. Garden Avenue, Suite B  
Clearwater, FL 33755  
City/State/Zip

If different, Applicant's mailing address: \_\_\_\_\_  
City/State/Zip

- (c) Applicant's telephone number: ( 813 ) 225-2500
- Individual       Corporation       Joint Venture       Limited Liability Company  
 General Partnership       Limited Partnership       Union       Other: \_\_\_\_\_

If other than an individual,  
(1) Florida registration/document number: P02000120836      (2) Domicile State: Florida  
(3) Federal Employer Identification Number: 161638290

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.)

Providing health and health product information  
\_\_\_\_\_  
\_\_\_\_\_

- (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.)

n/a  
\_\_\_\_\_  
\_\_\_\_\_

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

Web sites, newsletters, e-books, advertisements, brochures, inserts  
\_\_\_\_\_  
\_\_\_\_\_

d) The class(es) in which goods or services fall:  
35  
\_\_\_\_\_

**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: 11/12/2002 (b) Date first used in Florida: 11/12/2002

**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.)

DR.JIMMY.COM

FILED  
07 JUL 19 / PH 2:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

English Translation DR.JIMMY.COM

2. DISCLAIMER (if applicable)

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

I, James W. Gatza, 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.

James W. Gatza

Typed or printed name of applicant

[Handwritten Signature]  
Applicant's signature  
(List name and title)

STATE OF Florida

COUNTY OF Pinellas

On this 12<sup>th</sup> day of July, 2007, James William Gatza personally appeared before me,

who is personally known to me  whose identity I proved on the basis of FL Drivers license

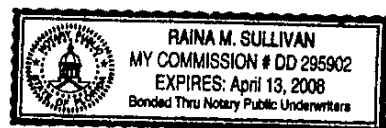
(Seal)

[Handwritten Signature]  
Notary Public Signature

Raina M. Sullivan  
Notary's Printed Name

My Commission Expires: \_\_\_\_\_

**FILING FEE: \$87.50 per class**



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# Dr. Jimmy.com

YOU DON'T HAVE TO LIVE WITH IT

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## Home

Asthma, Arthritis, Headaches, Heart Problems, Back and Neck Pain, Insomnia, Infertility, and other diseases now affect billions of people on this planet. These conditions are terrible. They ruin lives and it is ridiculous that people should have to live with them in this day and age.


What is most important is that you and your loved ones get better. Let's be honest, that's all that matters. That's why I put The Dr. Jimmy Health Kit together. Its purpose is to give you real solutions to your health problems right now. After all the great results that I had with over 7,000 patients in my clinics, I have boiled down all my successful actions into a workable kit that you can use in your own home.

In this website I have given my best effort to propose to you that there is a common handling for all these diseases. This is briefly explained in the 5 Keys and the Testing articles above. I can't emphasize enough that this is what you need to know in order to get rid of your disease. Read these articles, go over the testimonials and then you'll have a good idea of what this kit can do for you. Then click on Get Started to order the kit and get started feeling better.

**Click Here To Get Started**  
YOU DON'T HAVE TO LIVE WITH IT


Disclaimer | [Click here to subscribe to Dr. Jimmy's free Newsletter](#)

**Click for TESTIMONIALS**

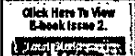


Dr. James W. Gatz

**Click Here To View Our New Free E-book Online.**



**Click Here To View E-book Issue 2.**



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