

# T10690

Pamela M. Smith

Requestor's Name

9765 Camberley Circle

Address

Orlando FL 32836

City/State/Zip

Phone #

100002779571--4

-02/18/99--01069--004

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

100002779571--4

-04/02/99--01072--001

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1. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

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☐ Photocopy

☐ Certificate of Status

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | Other               |

RENEWAL

|                   |        |
|-------------------|--------|
| Name              | T10690 |
| Availability      |        |
| Document Examiner | GSH    |
| Updater           | GSH    |
| Updater Verifier  | GSH    |
| Acknowledgement   | GSH    |
| W. P. Verifier    | GSH    |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 25, 1999

PAMELA M. SMITH  
9765 CAMBERLEY CIRCLE  
ORLANDO, FL 32836

SUBJECT: THE SMART WEIGH  
Ref. Number: T10690

We have received your document for THE SMART WEIGH and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Because your mark was registered under more than one class, there is an additional \$87.50 due to file your renewal application. Please be advised the fee to file a trademark/service mark renewal is \$87.50 per class.

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) 487-6917.

Gretchen Harvey  
Corporate Specialist Supervisor

Letter Number: 599A00008699

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR -7 PM 2:47

Florida Department of State, Sandra B. Mortham, Secretary of State  
MARK RENEWAL APPLICATION

September 30, 1998

PAMELA M. SMITH  
4218 WOODLYNNE LANE  
ORLANDO, FL, 32803

NEW ADDRESS:  
9765 CAMBERLEY CIR.  
ORLANDO, FL 32836

Mark Registered: THE SMART WEIGH  
Registration Number: T10690

Date Filed: 03/16/1989      Renewal Date: 03/16/1999  
Class(es): 2-0041 2-0042

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Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida or the reason for its nonuse.)

THE MARK IS IN USE WITHIN THE  
STATE OF FLORIDA.

If applicant is a corporation, enter state of incorporation: N/A

I, PAMELA M. SMITH, being sworn, depose and say that I am the  
NAME of the applicant herein, and make this affidavit and

verification in \_\_\_\_\_ behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.

N/A

Name of business in which mark is filed, if any

Signed

[Signature]  
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 15<sup>th</sup> day of February, 19 99.

[Signature]  
Signature of Notary Public

(Notary Seal)

My commission expires: 11/29/2002

See reverse side for instructions.

CR2E005 (7-91)

