

T13361

Requester Name

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00 MAR 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- ☐ Walk in
- ☐ Pick up time _____
- ☐ Certified Copy
- ☐ Mail out
- ☐ Will wait
- ☐ Photocopy
- ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer or Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

RENEWAL

Name	_____
Availability	7/33/01
Document	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials

Florida Department of State, Katherine Harris, Secretary of State
MARK RENEWAL APPLICATION

February 29, 2000

RICHARD A. RASMUSSEN, D.D.S., P.A.
3450 FLETCHER AVE.
STE. 340
TAMPA, FL, 33613

LD9277

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mark Registered: IMPLANT & PERIODONTAL THERAPY RICHARD A. RASMUSSEN, D.D.S. & DESIGN
Registration Number: T13361

Date Filed: 08/28/1990 Renewal Date: 08/28/2000
Base(s) State: 0000 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 STILL IN USE.

If applicant is a corporation, enter state of incorporation: FLORIDA (8/16/89)

I, RICHARD RASMUSSEN, being sworn, depose and say that I am the
OWNER. of the applicant herein, and make this affidavit and

verification in MY 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.

RICHARD A. RASMUSSEN, DDS, PA
Name of business in which mark is filed, if any

Signed

Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 10 day of March, 192000

[Signature]
Signature of Notary Public

(Notary Seal)
My commission expires: June 23, 2000

See reverse side for instructions.

CR2E005 (7-91)

