

T95000001046

(Requestor's Name)

(Address)

(City, State, Zip) (Phone #)

OFFICE USE ONLY

Avalon

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

- 1. 789/304/749/671
(Corporation Name) (Document #)
- 2. Form not acceptable
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

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

T95-1046
695-13109

form not acceptable

mp mp

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/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 27, 1995

Ralph Zuckerman
P.O. Box 2501
Tarpon Springs, FL 34688

SUBJECT: AVALON
Ref. Number: W95000013104

We have received your document for AVALON and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$37.50.

The application submitted is not acceptable for registration, as it does not contain certain statutory requirements pursuant to Section 495.031 (d) Florida Statutes. You may add this requirement to your present application or use the application we have attached. The filing fee is now \$87.50 per class.

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

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 (904) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 195A00031510

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 acknowledgement should
be sent:

RAJESH K. KANTHAN
PO BOX 2501
INDIAN SPRING, FL 32111
(904) 252-8189
Daytime Telephone number

PART I

1. (a) Applicant's name: RAJESH K. KANTHAN

(b) Applicant's business address: PO BOX 2501
INDIAN SPRING, FL 32111
City/State/Zip

(c) Applicant's telephone number: (904) 252-8189

- Individual
- Corporation
- Joint Venture
- Other: _____
- General Partnership
- Limited Partnership
- Union

If other than an individual,

(1) Florida registration number: 19500002589 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 251 252 8189

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.)

FURNITURE MOVING SERVICES

(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.)

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

(Continued)

(d) The class(e) in which goods or services fall

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 _____ (b) Date first used in Florida: _____

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)

2 DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " _____ "

" APART FROM THE MARK AS SHOWN.

I, _____, 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 no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. 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.

Typed or printed name of applicant
Ralph Zepelman
Applicant's signature or authorized person's signature
(List name and title)

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 19____, _____ personally appeared before me,

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



Notary Public Signature

Notary's Printed Name

Seal

My Commission Expires: _____

FEE: \$87.50 per class

Ralph Zuckerman
President



(813) 942-4117
FAX (813) 934-4230

38882 U.S. Hwy. 19 N.
Largo Springs, FL 33689