T96000009333

Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. Swiss Am (36)
(Corporation Name) (Document #)
2. 789|747|746|749|671
(Corporation Name) (Document #)
3. (36)
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

T96-333

900001740003
-03/12/96 -01064--010
*****87.50 *****87.50

W96-5966

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

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

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Name Availability	ups yes
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 20, 1996

James Gurgund
P.O. Box 7722
Port St. Lucie, FL 34985

SUBJECT: SWISSAM
Ref. Number: W96000005966

We have received your document for SWISSAM and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Class(es) (36) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (36).

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

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: 296A00012665

Florida Department of State, Sandra B. Mortham, Secretary of State

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:

James Burgund
POB 7722
Port St Lucie FL 34985
(407) 337 2555
Daytime Telephone number

PART I

1. (a) Applicant's name: SalissAm, Inc.

(b) Applicant's business address: 1250 SE Port St Lucie Blvd.
Port St Lucie FL 34952
City/State/Zip

(c) Applicant's telephone number: (407) 337 2555

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: K35717 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0204008

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.)

Real Estate Sales and Rentals

(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.)

Newspaper and Magazine Advertisement, Brochures, Decals, Signs and Labels

(Continued)

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

CLASS 36

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: 1 OCT 1988 (b) Date first used in Florida: 1 OCT 1988

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.)

"SWISSAM

SWISSAM REAL ESTATE • IMMOBILIEN

James E. Burgund
European Division

407 337-2555
FAX 407 337-2556

1250 S.E. Port St. Lucie Boulevard
Port St. Lucie, Florida 34952 • USA

2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE E

THE MARK AS SHOWN.

I, James E. Burgund *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.*

James E. Burgund
Typed or printed name of applicant

J.E. Burgund
Applicant's signature or authorized person's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF ST. LUCIE

On this 6 day of MARCH, 19 96, JAMES E. BURGUND personally appeared before me,

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

Notary Public Signature

JOHN C. STEFAN
Notary's Printed Name

Seal

My Commission Expires:

OFFICIAL NOTARY SEAL
JOHN C STEFAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC517025
MY COMMISSION EXP. DEC. 27,1999

FEE: $87.50 per class