

T96000000488



560 Pine Island Road, #6, N Ft Myers, FL 33903
(941) 656-3654 • (800) 966-2847

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

T96000000488

W96000006225

Examiner's Initials	dec
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 22, 1996

PAMELA M. BENNETT
560 PINE ISLAND ROAD #6
N FT MYERS, FL 33903

SUBJECT: ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL AND
DESIGN OF AN ORANGE MOON WITH A CIRCLE OF STAR, THE WORLD
ALLSTAR HAS A STAR AROUND IT AND TERMITE NAMED MR. T.R. MITE
TO THE RIGHT
Ref. Number: W96000006225

We have received your document for ALLSTAR PROFESSIONAL TERMITE & PEST CONTROL AND DESIGN OF AN ORANGE MOON WITH A CIRCLE OF STAR, THE WORLD ALLSTAR HAS A STAR AROUND IT AND TERMITE NAMED MR. T.R. MITE TO THE RIGHT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following: PROFESSIONAL TERMITE & PEST CONTROL

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration.

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) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 796A00013258

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:

Pamela M. Bennett
560 Pine Island Rd #6
N. Ft Myers, FL 33903
(941) 656-3654
Daytime Telephone number

PART I

1. (a) Applicant's name: Allstar Professional Termite & Pest Control INC

(b) Applicant's business address: 560 Pine Island Rd Suite #6
N. Ft Myers FL 33903
City/State/Zip

(c) Applicant's telephone number: (941) 656-3654

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: P940000163788 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0521801

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.)

Termite, Pest Control, Lawn & Ornamental, Lake Management,
~~Pressure Washing~~, ~~Carpet~~ Carpet Cleaning &

(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.)

Vehicle lettering, window lettering, business cards, advertisements,
uniforms, jackets, hats, proposals, contracts, invoices, newspaper ads,
phone book ads, pens & pencils, magnets, brochures, letterheads, envelopes,
warranties, flyers

(Continued)

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

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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: October 6, 1995 (b) Date first used in Florida: October 6, 1995

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be words or less.)

~~Orange Moon~~ Orange Moon w/a Circle of Stars. The stars are outlined alternating in blue & orange. INSIDE the circle is the words "Allstar Professional Termite & Pest Control". Allstar has a star around it. Also a termite named Mr. T.R. Mite.

2. DISCLAIMER (if applicable)

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

Professional Termite & Pest Control" APART FROM THE MARK AS SHOWN.

I, Pamela M. Bennett, 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.

Pamela M. Bennett - Vice President

Typed or printed name of applicant

Pamela M. Bennett - vice President

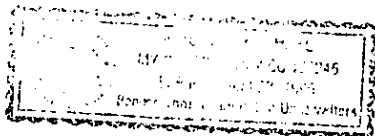
Applicant's signature or authorized person's signature
(List name and title)

STATE OF Florida

COUNTY OF Lee

On this 14th day of March, 1996, Pamela M. Bennett personally appeared before me,

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



Maureen Michael
Notary Public Signature

Maureen Michael
Notary's Printed Name

Seal

My Commission Expires: _____

