

T96000000509

OFFICE USE ONLY (Document #)

United States Van Lines
(Requestor's Name)

4680 SW 64th Ave, Ste # 443
(Address)

Davie, FL 33314
(City, State, Zip) (Phone #)

100001816131
-05/10/96--01020--004
*****87.50 *****87.50

OFFICE USE ONLY

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

1. _____
(Corporation Name) (Document #)
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- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

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 96 MAY -7 PM 2:00
 TOLSON
 DEPT. OF JUSTICE
 WASHINGTON, D.C. 20530

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 checked="" type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX _____
 FEE 87.50
 BALANCE DUE _____
 REFUND _____

Examiner's Initials _____

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:

United States Van Lines
4680 South West 64th Ave Suite#443
Davie Florida 33314
954 791-9992
()
Daytime Telephone number

PART I

1. (a) Applicant's name: United States Van Lines, Inc.

(b) Applicant's business address: 4680 South West 64th Avenue Suite 443

Davie Florida 33314
City/State/Zip

(c) Applicant's telephone number: (954) 791-9992

Individual Corporation Joint Venture Other:
 General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: P95000083257 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 65-0616001

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.)

Moving & Storage Services

Furniture Moving Services, Transportation 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.)
Flyers, Trucks, Post Cards, Brochures

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Class 39

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: 02-02-1990 (b) Date first used in Florida: 02-02-1990

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.)

Century 21

2. DISCLAIMER (if applicable)

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

_____ " APART FROM THE MARK AS SHOWN.

Michael Mannino President

United States Van Lines

I, Michael Mannino, 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.

Michael Mannino President United States Van Lines

Typed or printed name of applicant

Michael Mannino President

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

STATE OF Florida

COUNTY OF Broward

On this 3rd day of May, 19 96, Michael Mannino personally appeared before me,

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



MARY ALONGI
Notary Public
Comm Exp 11/20/99
Bonded By _____ Ins
No. CC510767

Mary Alongi
Notary Public Signature

Mary Alongi

Notary's Printed Name

Seal

My Commission Expires: 11/20/99

FEE: \$87.50 per class

Century 21

MOVING & STORAGE

- **Quality Service**
- **Competitive Prices**
- **Moving Families For
Generations**
- **Nationwide Daily Service
To All States**
- **Packing & Unpacking Service**

(954)791-9992