T96000000640

Candace C. Hoeffner
Requestor's Name

4500 Capron Road
Address

Titusville, Fl 32780
City/State/Zip Phone #

400001787694
-04/22/96--01011--001
*****87.50 *****87.50

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1. ~~789 777 761~~ 5
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	Limited Liability
	Domestication
	Other

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	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

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196-640

Name Availability	
Document Examiner	GSH
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Acknowledgement	GSH
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CR2E031(1/95)

Examiner's Initials	

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 30, 1996

CANDACE C. HOEFFNER
4500 CAPRON ROAD
TITUSVILLE, FL 32780

SUBJECT: ALIE ESSENCE & DESIGN
Ref. Number: W96000009181

We have received your document for ALIE ESSENCE & DESIGN 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) "5" would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) "5".

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 that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. 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) 487-6917.

Gretchen Harvey
Corporate Specialist Supervisor

Letter Number: 796A00020581

FILED
96 MAY -6 PM 5:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:
CANDACE C. HOEFFNER
4500 CAPRON ROAD
TITUSVILLE, FL 32780
(407) 268-8122
Daytime Telephone number

PART I

1. (a) Applicant's name: CANDACE C. HOEFFNER

(b) Applicant's business address: 4500 CAPRON ROAD
TITUSVILLE FLORIDA 32780
City/State/Zip

(c) Applicant's telephone number: (407) 268-8122

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

If other than an individual,

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

(3) Federal Employer Identification Number: _____

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.)

ADVERTISING AND BUSINESS AND/OR MISCELLANEOUS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -6 AM 9:07

(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.)

Cosmetics AND/OR PHARMACEUTICAL

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

(Continued)

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

CLASS 5

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: 4/10/96 (b) Date first used in Florida: 4/10/96

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.)

ALOE ESSENCE IS THE PRODUCT NAME. THE DESIGN ON THE LABEL IS TWO ALOE PLANTS AND A BUTTERFLY. IT IS A THERAPEUTIC PAIN GEL (IN A WHITE HARD PLASTIC TUBE).

2. DISCLAIMER (if applicable)

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

" APART FROM THE MARK AS SHOWN.

I, CANDACE C. HOEFFNER 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.

CANDACE C. HOEFFNER
Typed or printed name of applicant

Candace C. Hoeffner
Applicant's signature or authorized person's signature
(List name and title)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUN -6 AM 9:07

STATE OF FLORIDA

COUNTY OF BREVARD

On this 17TH day of APRIL, 19 96, WHO IS personally appeared before me,

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

ROSEMARIE HITSON
Notary Public, State of Florida
My comm expires Sept 19, 1997
No CC316696
Bonded thru Ashton Agency, Inc.

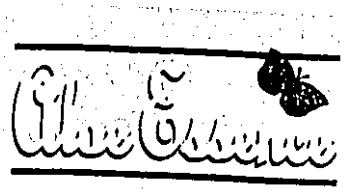
Rosemarie Hitson
Notary Public Signature

ROSEMARIE HITSON
Notary's Printed Name

Seal

My Commission Expires: 9/19/97

FEE: $87.50 per class



THERAPEUTIC PAIN GEL