

# T98000000165

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

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 -02/12/98--01065--001  
 \*\*\*1575.00 \*\*\*\*\*87.50

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

1. \_\_\_\_\_ (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
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- Mail out       Will wait       Photocopy       Certificate of Status

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 TALLAHASSEE, FLORIDA

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

## T98-165

Name Availability	np np
Document Examiner	NJC
Updater	NJC /
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials	_____
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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 acknowledgment should be sent:

Donald J. Harrell, Esq.  
1776 Ringling Blvd.  
Sarasota, FL 34236  
(941) 366-3700  
Daytime Telephone number

PART I

1. (a) Applicant's name: Pasta Shapes, Inc.
- (b) Applicant's business address: P.O. Box 10429  
Sarasota, FL 34278  
City/State/Zip
- (c) Applicant's telephone number: (941) 379-6458
- Individual       Corporation       Joint Venture       Other: \_\_\_\_\_  
 General Partnership       Limited Partnership       Union

If other than an individual,

- (1) Florida registration number: P97000091042 (2) Domicile State: FL
- (3) Federal Employer Identification Number: 65-0790056

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.)

n/a

- (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.)

different varieties of shaped pasta

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

tags and labels attached to products

(Continued)

d) The class(es) in which goods or services fall: 30

**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: 1-21-98 (b) Date first used in Florida: 1-21-98

**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.)

Key Biscayne Pasta

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Key Biscayne" or "Pasta" " APART FROM THE MARK AS SHOWN.

I, J.Z. Morris, 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

Joseph Z. Morris

Typed or printed name of applicant

J.Z. Morris

Applicant's signature or authorized person's signature

(List name and title)

FILED  
98 FEB 12 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Sarasota

On this 11 day of February, 19 98, Joseph Z. Morris personally appeared before me,

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

(Seal)



Notary Public Signature

Staci A. Howser

Notary's Printed Name

My Commission Expires: 02/15/00

FEE: \$87.50 per class

**KEY**  
**BISCAYNE**  
*Souvenir*  *Sun Shaped*  
**PASTA**  
12 oz. net wt.  
All Natural Ingredients Recipe on back