

T98000000282

Requestor's Name	
Address	
City/State/Zip	Phone #

900002448039-5
-03/05/98-DID44-003
*****87.50 *****87.50

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

1. Assi Accessible Housing & Design (37)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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98 MAR -5 PM 1:13
SECRETARY OF STATE
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

T98-282

Name	
Availability	nc nc
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

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:

KATHLEEN MOREO
11958 SW 43 CT.
DAVIE FL 33330
(954) 432-4999
Daytime Telephone number

PART I

1. (a) Applicant's name: ACCESSIBLE HOUSING INC.
(b) Applicant's business address: 1824 SW 100 AVE.
MIRAMAR FL 33330 City/State/Zip
(c) Applicant's telephone number: (954) 442-8884

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

If other than an individual,

- (1) Florida registration number: L95367 ✓ (2) Domicile State: FLORIDA
(3) Federal Employer Identification Number: 65-0212054

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.)

(CLASS 37) ACCESSIBLE REMODELING; NATIONAL
NETWORK OF ACCESSIBLE REMODELERS (INDEPENDENT).

- NETWORK PROVIDES REMODELERS WITH JOB REFERRALS, TRAINING,
(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: SUPPORT & MARKETING.
(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.)
TO ADVERTISE ~ USED ON MAGAZINE ADS, LETTERHEAD,
BUSINESS CARDS, BROCHURES, FOLDERS, FLYERS, PHOTOS.

(Continued)

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

37

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: JULY 1990 (b) Date first used in Florida: DEC. 7, 1997

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.)

Accessible Housing Inc & design of
A BALANCE SCALE DRAWN WITH A HOUSE TRUSS AND BRICKS. ONE
SCALE HAS A DISABLED PERSON WITH A CANE ON IT; THE OTHER SCALE
HAS A HOUSE ON IT.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "HOUSING
INC." APART FROM THE MARK AS SHOWN.

I, KATHLEEN MOREO

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

ACCESSIBLE HOUSING, INC.

Typed or printed name of applicant

Kathleen Moreo, Pres. KATHLEEN MOREO, PRES.

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

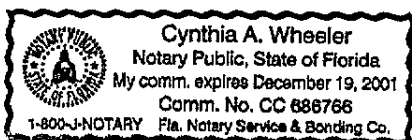
STATE OF FLORIDA

COUNTY OF BROWARD

On this 3 day of MARCH, 19 98, KATHLEEN MOREO personally
appeared before me,

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

(Seal)



Cynthia A. Wheeler
Notary Public Signature

CYNTHIA A. WHEELER
Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

Accessible Housing, Inc.

National Network of Medical Remodelers



Cindy Wheeler

Director of Operations

1824 S.W. 100th Ave. • Miramar, FL 33025

Phone (954) 442-8884 • 888-431-RAMP(7267) Ext. 11

Fax (954) 432-5858

www.accessrehab.com

[email:cmanage@aol.com](mailto:cmanage@aol.com)

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