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98 MAR 18 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name

Address

City/State/Zip

Phone #

Office Use Only

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

1. Pet Smarts (35)
(Corporation Name) (Document #)
 2. 789/753/304/777/762/671
(Corporation Name) (Document #)
 3. Petsmart Please We are unable to check your
(Corporation Name) (Document #) mark for availability as we
do not do what type online/pet
services you provide.
 4. 1,559,337
(Corporation Name) (Document #)
- ☒ Walk in ☒ Pick up time ☐ Certified Copy
☒ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

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

1298-4987

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-03/02/98--01067--005

*****87.50 *****87.50

198-326

Name	
Availability	<input checked="" type="checkbox"/>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

March 6, 1998

PETER STEIN
LIVE YOUR VISION INC.
1556 POLK ST. #6
HOLLYWOOD, FL 33020

SUBJECT: PET \$MART\$
Ref. Number: W98000004987

We have received your document for PET \$MART\$ 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 I(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints or goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

We are unable to determine the availability of your mark, as we do not know what type of services you are in. We need to know what type of online services you provide or is this a retail store, please be specific as to the services you provide.

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 term(s) by completing the disclaimer statement found in #2 of Part III of the application: PET

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
(850) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 598A00012304

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:

Peter STEIN
1556 Polk ST. #6
Hollywood, FLORIDA 33020
(954) 922-5433
Daytime Telephone number

PART I.

1. (a) Applicant's name: Live Your Vision, Inc

(b) Applicant's business address: 1556 Polk St #6

Hollywood, FLORIDA 33020
City/State/Zip

(c) Applicant's telephone number: (954) 922-5433

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

If other than an individual,

(1) Florida registration number: P97000004676 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 65-0720596

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.)

WEB SITE TO sell pet food

(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.)

Web Site For Corporation (Live Your Vision, Inc.)
Business Cards
Advertisements Selling Pet Food

(Continued)

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

CLASS 35 ADVERTISING + BUSINESS

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

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.)

PET SMART\$

2. DISCLAIMER (if applicable)

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

I, PETER STEIN, 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

Live Your Vision, Inc.

Typed or printed name of applicant

Peter L. Stein President

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

STATE OF Florida

COUNTY OF Broward

On this 25 day of February, 1998, Peter Stein personally appeared before me,

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

Live Your Vision, Inc.

Peter L. Stein
President

Pet SmartsSM
Do you feed your pet everyday?

Notary Public Signature

Notary's Printed Name

My Commission Expires:

P.O. Box 1466
Hallandale, FL 33008-1466

954.922.5433
Bpr 954.497.5877
PetGoodies @AOL.com

EE: \$87.50 per class

