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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

Т	O:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Name & address to whom acknowledgment should be sent:  Brailey, Inc.  4890 La Ventana Tessace
		PART	Pensacola, Florida 32526 (450) 457-1464 Daytime Telephone number
1. (a) A <sub>j</sub>	pplicar	nt's name: Brailey, Inc.	
(b) Ap	plican	t's business address: 4890 La Ve.	
		Pensacola	FLOFICA 32525 75 8 City/State/Zip
☐ In	dividu	t's telephone number: ( <u>960</u> ) <u>457-146</u> al	☐ Joint Venture ☐ Other Subchapter S ☐ Union ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(1) Florid	da reg	individual, istration number: <u>19900029168</u> uployer Identification Number: 59-34997	
		k to be registered is a service mark, the service ture moving services, diaper services, house pa	
	Vend	ling Machines - sall ca	ndy in vending machines
(b) If the	e mar e., ladi	k to be registered is a trademark, the goods in ces sportswear, cat food, barbecue grills, shoe la	onnection with which the mark is used: ces, etc.)
( ) (***)			
		or manner in which the mark is used: (i.e., labels	, decals, newspaper advertisements, brochures, etc.)

(Continued)

CR2E014(1/96)

(a) The class(es) in which goods or services i	Зап:			
(a) Date first used anywhere: 4-1-9	PART II sor, or a related company (must include month, day and year):  (b) Date first used in Florida: 4-/-98  PART III gn is included, please give brief written description which			
Sweets-n-Treats Galore				
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSI	VE RIGHT TO USE THE TERM " &			
related company has the right to use such mark likely to deceive or confuse or to be mistaken th	being sworn, depose and say that I am the owner and the on behalf of the owner and applicant herein, and no other person except a in Florida either in the identical form or in such near resemblance as to be erefor. I make this affidavit and verification on my/the applicant's behalf. I tion and know the contents thereof and that the facts stated herein are true and			
	Typed or printed name of applicant  When we have a president  t's signature or authorized person's signature  (List name and title)			
COUNTY OF				
who is personally whose identity I	proved on the basis of Driver Cicense  S320 -159-66-470-0			
MELINDA P. LILLISTON MY COMMISSION & CC 543850 EXPIRES: July 31, 2000 Bonded Thru Notary Public Underwriters	Notary Public Signature  Notary's Printed Name			
Seal	My Commission Expires:			

FEE: \$87.50 per class

Sweets-n-Treats
Galore

Charles and Shannon Stecz
Owner-Operators
4890 La Ventana Terrace
Pensacola, Florida 32526
(850)457-1464 Fax(850)458-6040

