

T98000000476

Valdine Tate

Requestor's Name

4 Pine Shadow Trail

Address

Ormond Beach, FL 32174

City/State/Zip

Phone #

Office Use Only

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

1. _____ (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

98 APR 29 PM 1:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NEW FILINGS	
☐	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	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

000002496920--6
-04/22/98--01093--001
*****87.50 *****87.50

T98-476

Name Availability	OK
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH

Examiner's Initials

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:

Valdine Tack - Chuck Smith
4 Pine Shadow Trail
Ormond Beach, FL 32174
(904) 672-9271
Daytime Telephone number

PART I

1. (a) Applicant's name: Valdine Tack
- (b) Applicant's business address: 4 Pine Shadow Trail
Ormond Beach, FL 32174
City/State/Zip
- (c) Applicant's telephone number: (904) 672-9271
- ☐ Individual ☐ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: _____ (2) Domicile State: Bahamas
- (3) Federal Employer Identification Number: 59-3488968

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 29 PM 1:06

- (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.)

skin care and cosmetics products.

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

newspaper ads - written material
sales material

(Continued)

Class 3.

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 2/1/98 (b) Date first used in Florida: 2/1/98

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Panacea

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

I, Salvatore F. Talo, 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.

VALDINE F. TATE

Typed or printed name of applicant

Maldine F. Tasso
Applicant's signature or authorized person's signature

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

STATE OF

Florida

COUNTY OF

Volusia

On this 20 day of April, 19 98, _____ personally
appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of FDL# T300 86652590

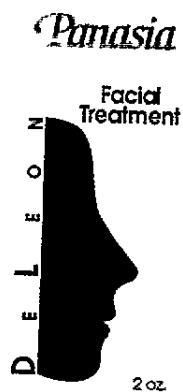


Notary Public Signature

Peggy Cardona
Notary's Printed Name

My Commission Expires: 4-25-2000

FEE: \$87.50 per class



Caution: For external use only. If
irritation develops, discontinue use.
Do not use on eye lids. Keep away
from children.

Ingredients: Deionized water, Tea
Silylate, Safflower Oil, Cetyl
Alcohol, Peanut Oil, Zinc Stearate,
Lanolin, Glycerol Stearate,
Alum from Ammonium Sulfate,
Succinic Acid, Retinyl Palmitate,
Cetyl Methoxycinnamate,
Tocopherol Acetate, Dimethicone,
Panthenol, PEG-100 Stearate,
Cetyl Alcohol, c12-15 Alcohol
Benzate, Ceraeth-20,
Imidazolidinyl Urea, Dn Cetyl
Phosphate, Triethanolamine,
Methylparaben, Fragrance,
Propylparaben, Polysorbate 20.

Distributed by: DeLeon Cosmetics
International L.T.D.
P.O. Box 9117
Daytone Beach, FL 32120
To Re-order call 1-800-420-0000