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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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

1. BaA (36) _____
 (Corporation Name) (Document #)
2. _____
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3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
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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

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T98-591

Name Availability	<i>no</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

4

Examiner's Initials _____

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

TO: **Division of Corporations**
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment
should be sent:

Bert & Associates, Inc.

1860 N. Pine Island Road, Suite 109

Plantation, FL 33322

(954) 452-8409

Daytime Telephone number

PART I

1. (a) Applicant's name: Bert & Associates, Inc.

(b) Applicant's business address: 1860 N. Pine Island Road, Suite 109

Plantation, FL 33322

City/State/Zip

(c) Applicant's telephone number: (954) 452-8409

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

If other than an individual,

(1) Florida registration number: 549447 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 65-0279052

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.)

Accounting, Tax Preparation, Insurance Product Sales, Investment Counseling

(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.)

Our service mark is used on the Internet, business cards, letterhead, brochures, BellSouth Yellow

Pages Ads, newspaper and magazine ads, office front signage and other promotional materials

like plastic bags.

(Continued)

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

CLASS 36 (Insurance and Financial)

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: June 1, 1992 (b) Date first used in Florida: June 1, 1992

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.)

The Service Mark (Company Logo) is a rounded cornered box with reversed typed letters "B", "&" and "A" arranged within the box. Representations of this service is show on the letterhead, envelopes and invoice provided.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " B&A

" APART FROM THE MARK AS SHOWN.

I, Daniel L. Bertucelli

, 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

Bert & Associates, Inc.

[Handwritten Signature]

Typed or printed name of applicant

Daniel L. Bertucelli, President of Bert & Associates, Inc.

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

STATE OF FLORIDA

COUNTY OF Broward

On this 22 day of May, 19 98

personally appeared before me,

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

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98 MAY 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

Notary Public Signature

Barbara H. Zobel

Notary's Printed Name

OFFICIAL NOTARY SEAL
BARBARA H ZOBEL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC554930
MY COMMISSION EXP. MAY 23, 2000

Seal

My Commission Expires:

FEE: \$87.50 per class



Bert & Associates

1860 N. Pine Island Road, Suite 109
Plantation, Florida 33322
(954) 452-8409 Telephone
(954) 452-9616 Fax
(800) 785-3759 Toll Free

www.bert-a.com/bert Internet Web Pages
bert@bert-a.com E-mail Address

Financial Services

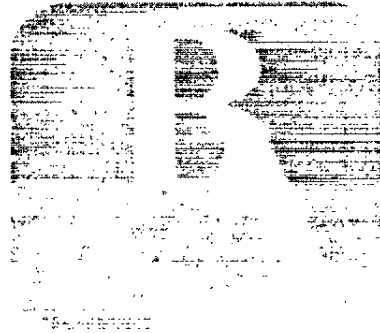
Tax

Accounting

Insurance

Investment

Consultants



Thank You

Thank You

Your Service

Your Help

NOTE: We will prepare your Federal and requested state returns from information you will furnish to us. We will make no audit or other verification of the data you submit, but we may ask for clarification. Our job is to provide all information needed to prepare a complete and accurate return. You represent that the information you supply to us is correct to the best of your knowledge. If, by our mistake, we cause an error in your return during preparation, we will pay all penalties assessed from the earliest notification. You will be responsible for all other penalties and interest on assessed amounts. You should retain all documents that form the basis for your deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. **YOU HAVE FINAL RESPONSIBILITY FOR THE INFORMATION ON YOUR TAX RETURNS, YOU MUST REVIEW THEM CAREFULLY BEFORE SIGNING AND FILING THEM.**