

T98000000965

LIDIA Lukaesko

(Requestor's Name)

23064 Bradford Ave.

(Address)

Fort Charlotte FL 33952

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

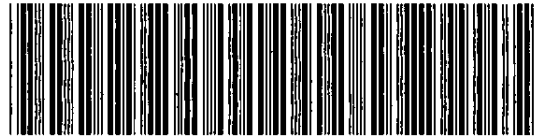
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Certificates of Status _____

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08/12/08--01023--009 **87.50

8/21/08

RENEWAL

T98-965

N. CAUSSEAU

SEP 3 2008

EXAMINER

FILED
08 Aug - 21 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

LUKAESKO
23064 BRADFORD AVE
PONTECHARLOTTE, FL 33952

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

1) Mark Registered: _____

2) Registration Number: T 98000000965.

3) Date Filed: MAY 1988 4.) Renewal Date: 8/6/08 5.) Class(es) Filed: _____

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

THE MARK IS STILL USED IN FLORIDA STATE.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: IN FLORIDA

LIDIA LUKAESKO.

Typed or Printed Name of Owner

[Signature]
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Charlotte

On this 26th day of August 2008, Lidia Lukaesko
personally appeared before me,

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



[Signature]
Notary Public's Signature

Melissa Stingu
Notary Public's Printed Name

Fee: \$87.50 Per Class

Certificate of Renewal : \$8.75 (Optional)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lukaesko.
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lidia Lukaesko.
(Name of Person)

Lukaesko
(Firm/Company)

23064 BRADFORD AVE
(Address)

PONT CHARLOTTE, FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

LIDIA LUKAESKO at (786) 344 7453 on 786 4731405
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)