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PETTIS & VAN ROYEN

PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

DAVID W. PETTIS, JR.
WM. S. "TOM" VAN ROYEN

SUITE 700
501 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602-5200

PATENTS, TRADEMARKS
AND COPYRIGHTS

(813) 226-0440

FACSIMILE: (813) 229-8073

August 18, 1998

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TRADEMARK SECTION
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

98 AUG 20 AM 9:45
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: State of Florida Service Mark Application
Applicant - PET THERAPY, INC.
Mark - PETHERAPY (and Design)
Class - 42
Our File # - P-7129-010

300002621143--0
-08/20/98-01071-002
*****87.50 *****87.50

Dear Sir or Madam:

Enclosed for registration in class 42, please find an original Service Mark Application for the subject mark along with three (3) specimens showing the mark as actually used in the State of Florida. Our check #1424 in payment of the \$87.50 filing fee is also enclosed.

Please date stamp the enclosed postal card indicating receipt of the above material and return it to our offices immediately.

Thank you for your assistance in this matter and should you require anything further to assist in the registration of this service mark, please feel free to contact us by phone or correspondence at any time.

Sincerely,

PETTIS & VAN ROYEN, P.A.


David W. Pettis, Jr.

DWP:cme
Enclosures

cc: Pet Therapy, Inc. (w/encls.)

T98-980

(4)

Name Availability	<i>mg</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Vertical stamp/initials on right margin

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:

DAVID W. PETTIS, JR., ESQ.

501 E KENNEDY BLVD SUITE 700

TAMPA FL 33602-5200

(813) 226-0440

Daytime Telephone number

PART I

1. (a) Applicant's name: PET THERAPY, INC.

(b) Applicant's business address: 15 PARADISE PLAZA SUITE 212

SARASOTA FL 34239

City/State/Zip

(c) Applicant's telephone number: (941) 366-2226

Individual Corporation Joint Venture Other: _____

General Partnership Limited Partnership Union

If other than an individual,

(1) Florida registration number: N98000000054 ✓ (2) Domicile State: Florida

(3) Federal Employer Identification Number: _____

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.)

providing animals to nursing homes, hospitals and assisted living

facilities as part of a therapy treatment.

(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.)

printed on letterhead and advertising and promotional

materials offering the availability of the services

(Continued)

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

Class 42

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: 8/1/97 (b) Date first used in Florida: 8/1/97

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 coined word PETHERAPY, wherein the letter "t" is in the form of a red cross, the coined word appearing above a fanciful representation of five small dogs.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

" APART FROM THE MARK AS SHOWN.

I, KATHY M. ALEXANDER, 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

PET THERAPY, INC.

Typed or printed name of applicant

Kathy M. Alexander

Applicant's signature or authorized person's signature

(List name and title)

Kathy M. Alexander, President

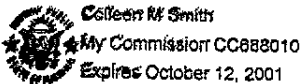
STATE OF FLORIDA

COUNTY OF SARASOTA

On this 20th day of July, 19 98, Kathy M. Alexander personally appeared before me,

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

FILED AUG 20 AM 9:45 SECRETARY OF STATE ALABAMA



Colleen M. Smith
Notary Public Signature

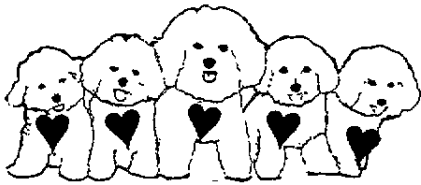
Colleen M. Smith
Notary's Printed Name

Seal

My Commission Expires: 10/12/01

FEE: \$87.50 per class

Pet herapy



15 Paradise Plaza
Suite 212
Sarasota, FL 34239
Pager: (941) 708-1126
Ofc: (941) 366-2226

Providing Consistent, Unconditional Love to Nursing Homes, Hospitals, ALF's. etc.