Requirements of the City/State/Zity/State/Sity/State/Sity/State/Sity/State/Sity/State/Sity/State/Sity/State/Sity/State/Sity/Sity/Sity/Sity/Sity/Sity/Sity/Sity	OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	20034					
		Office Use Only 99 Vision					
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):							
		ILEU CORPC					
1(Corpora	ation Name) (Document #)					
2		TE CION					
(Corporation Name) (Document #)							
3(Corpora	ation Name) (Document #)					
4.							
(Corpora	ation Name) (Document #)					
☐ Walk in ☐	Diele diese	Name Name					
	Pick up time	Certified Copyllab lity					
Mail out	Will wait	Certificate of Status					
NEW FILINGS	AMENDMENTS						
Profit	Amendment						
NonProfit	Resignation of R.A., Officer/Di	rector					
Limited Liability	Change of Registered Agent						
Domestication	Dissolution/Withdrawal						
Other	Merger						
OTHER FILINGS Annual Report	REGISTRATION/ = QUALIFICATION	4000027358544 -01/11/9901004009 *****87.50 *****87.50					
Fictitious Name	Foreign						
Name Reservation	Limited Partnership	<u>-</u>					
	Reinstatement						
<u> </u>	Trademark	<u> </u>					
	Other						

CR2E031(1/95)

Examiner's Initials

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

то:	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Nama & addus	ess to whom acknowle	damont chould bo	
		Name or addre	ss to whom acknowle	agment snowa be	sent:
			in Aggen		0
		_/8/7	Skerwood 11		SIVIC
		Talla	hassel, FL. 3	72303 ₩	ON C
		(850)	385-9400		25. 25. 1. 3. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
		Daytime Telep		2	
		PART I		ΐ	STAT
1. (a)	Applicant's name: DSA No.	Utrition Inc	Healthst	ορ ⁶	ONS
	Applicant's business address:	_	4		
		Tall.	FX 3230 City/State/Zip	3	
(c)	Applicant's telephone number: (950)	295-9NN	City/State/Zip		
	Individual Corporation		Joint Venture	Other:	
	General Partnership Limited Part		Union		
If other	r than an individual,				
(1) Flo	orida registration number: <u>#9/00</u>	<u> 00059/4</u> (2) Domicile State: _	Florida	
(3) Fe	deral Employer Identification Number:	59-35 O	33 31		
2. (a)	If the mark to be registered is a service ma (i.e., furniture moving services, diaper ser	ark, the services in c vices, house painting	onnection with whice services, etc.)	h the mark is us	ed:
	λ .		,	, /	
	Nutrition, Smooth	ues, Juice	s, Nutritio	mal C	ourseling
(b)	If the mark to be registered is a trademark (i.e., ladies sportswear, cat food, barbecue	, the goods in conne grills, shoe laces, et	ction with which the	mark is used:	
(c)	The mode or manner in which the mark is	used:(i.e., labels, de	cals, newspaper adv	ertisements, bro	chures, etc.)
	1/5	ce attached	paper.		
			, ,		
		(Continued)			

CR2E014(7/97)

d) The class(es) in which goods or services	s fall:
	PART II
1. Date first used by the applicant, predect	essor, or a related company (must include month, day and year):
(a) Date first used anywhere:	17,97 (b) Date first used in Florida: July 17 97
1 The mark to be registered is: (If logo/de	PART III esign is included, please give brief written description which.
must be 25 words or less.)	
	Hzulth Stop = ST
	PP PP PP
	RATA 2:
	2 5F
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUS	'
	" APART FROM THE MARK AS SHOWN.
related company has the right to use such mar likely to deceive or confuse or to be mistaken	gn on behalf of the owner and applicant herein, and no other person except a rk in Florida either in the identical form or in such near resemblance as to be therefor. I make this affidavit and verification on my/the applicant's behalf. I eation and know the contents thereof and that the facts stated herein are true and
	um ladin
-/4	Typed/or printed name of applicant
	Jah President
STATE OF Applica	ant's signature or authorized person's signature (List name and title)
COUNTY OF (Xeon	
and with a Champan	1999, Jason Obden personally
On this 0 day of Amuse appeared before me,	
who is personally known to me	whose identity I proved on the basis of HA. Drivers Lic #
0235-421-76-082-0	- Ouly Que
(Seal)	Notary Public Signature
	Notary's Printed Name
Judy Eure MY COMMISSION # CC702549 EXPIRES	My Commission Expires: 1-26-2002
January 26, 2002 BONDED THRU TROY FAIN INSURANCE INC	FFF: \$27.50 per class

FEE: \$87.50 per class

HEALTHSTOP

1817 Sherwood Dr. Tallahassee, Fl. 32303

John Schneider 850-385-9400