

CR2E031(1/95)

# 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:

Adam Ogden  
1817 Sherwood Dr.  
Tallahassee, FL 32303  
(850) 385-9400  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 JAN 11 PM 2:26

## PART I

1. (a) Applicant's name: DSA Nutrition, Inc. Healthstop
- (b) Applicant's business address: 1817 Sherwood Dr.  
Tall. FL 32303  
City/State/Zip
- (c) Applicant's telephone number: (850) 385-9400
- ☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: \_\_\_\_\_  
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

- (1) Florida registration number: 99 7000055914 (2) Domicile State: Florida
- (3) Federal Employer Identification Number: 59-3503381

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.)

Nutrition, Smoothies, Juices, Nutritional 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.)

See attached paper.

(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:

July 17, 97

(b) Date first used in Florida:

July 17, 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.)

Health Step

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2. DISCLAIMER (if applicable)

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

" APART FROM THE MARK AS SHOWN.

I, \_\_\_\_\_, 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

Jason Ogden  
Typed or printed name of applicant

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

STATE OF

Florida

COUNTY OF

Alcon

On this 8th day of January

, 19 99

Jason Ogden

personally appeared before me,

☐ who is personally known to me

☒ whose identity I proved on the basis of

FLA. Drivers Lic #

0235-421-76-082-0

(Seal)

Notary Public Signature

Notary's Printed Name



Judy Eure  
MY COMMISSION # CC702549 EXPIRES  
January 26, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

My Commission Expires:

1-26-2002

FEE: \$87.50 per class

# HEALTHSTOP

1817 Sherwood Dr.  
Tallahassee, Fl. 32303

John Schneider  
850-385-9400