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| (Requestor's Name)                      |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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MAY 5 - 2009

**EXAMINER** 



# FLORIDA DEPARTMENT OF STATE Division of Corporations 109 - 410

March 23, 2009

ROBERT L. SARVER, II EQUITY GROUP LEASING I, INC. 11691 GATEWAY BLVD., SUITE 104 FT. MYERS, FL 33913

SUBJECT: EQUITY GROUP LEASING I, INC. D/B/A EMPLOYEE

**PROFESSIONALS** 

Ref. Number: W09000013590

We have received your document for EQUITY GROUP LEASING I, INC. D/B/A EMPLOYEE PROFESSIONALS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have no record of this mark on our records. Please provide this office with the Florida registration number or proof of its registration.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Letter Number: 809A00009753

Called



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2009

ROBERT L. SARVER, II EQUITY GROUP LEASING I, INC. 11691 GATEWAY BLVD., SUITE 104 FT. MYERS, FL 33914

SUBJECT: EMPLOYEE PROFESSIONALS EMPOWERING BUSINESS & DESIGN OF THREE PARTIAL ELIPSES INTERCONNECTED TO THE LEFT Ref. Number: T99000000410

We have received your document for EMPLOYEE PROFESSIONALS EMPOWERING BUSINESS & DESIGN OF THREE PARTIAL ELIPSES INTERCONNECTED TO THE LEFT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Per my conversations with one of your assistance, she clerified that you need to renew T99000000410. Please make the following corrections on the renewal form which was returned to you on March 23, 2009. In the name mailing address of owner, you need to insert "AMERICAN BUSINESS SOLUTIONS, INC." In (1) MARK REGISTERED, please insert "EMPLOYEE PROFESSIONALS EMPOWERING BUSINESS & DESIGN OF THREE PARTIAL ELIPSES..."

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Letter Number: 509A00009923

Nanette Causseaux Document Specialist Supervisor

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

#### **COVER LETTER**



TO: Registration Section
Division of Corporations

| SUBJECT: | Employee Professionals Empowering Business & Design of three Partial Elipses Interconnected to the Left |  |  |  |  |  |
|----------|---|--|--|--|--|--|
|          | (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:

| Robert L. Sarver, II           |
|--------------------------------|
| (Name of Person)               |
| Employee Professionals         |
| (Firm/Company)                 |
| 11691 Gateway Blvd., Suite 104 |
| (Address)                      |

Fort Myers, Florida 33913
(City/State and Zip Code)

For further information concerning this matter, please call:

| Robert L. Sarver, II | _ at ( | 239        | 415-1110                    |
|----------------------|--------|------------|-----------------------------|
| (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

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

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

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

CR2E005 (1/07)

### MARK RENEWAL APPLICATION

|  |  | •  |                  |
|--|--|--|------------------|
| Name and Mailing Address<br>FAMERICAN BUSING<br>PRODERT L. Sarver, II  | of Owner ness Solutions, In                                    | Return To: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314                                      |                  |
| 11691 Gateway Blv  | d., Suite 104  | Foots of Park Front Control  | 9. 204<br>8. 204 |
| Fort Myers, Florida  | 33913  | Mark Registered: Employee Professionals Empowering Busine  Design of three partial elipses interconnected to | -                |
| 2) Registration Number:  | T990000°   | +10  | _                |
| 3) Date Filed: 03/29/1   | 999 4.) Renewal Date: (  | 03/29/2009 5.) Class(es) Filed: 35, Employe  | e Leasing        |
| Renewal statement pur use in Florida or state to the control of the control | suant to section 495.071, Florithe reason for its nonuse is no | orida Statues. Below you must state the mark is still of due to any intention to abandon the mark.           | in               |
| The name Emplo   | oyee Professionals is  | still in use in the State of Florida.  | _                |
|  |  | THE THE THE  | _                |
| 7) If the mark is still in us  | se, a specimen showing actua                                   | I use of the mark is included with this application.   | <b>1</b>         |
| 8) If applicant is a busine  | ss entity, enter the state of in                               | corporation/formation/organization: Florida  | -                |
|  | Ame  | rican Business Solutions, Inc. c/o Robert L. S   | arver. Il        |
| •  |  | Typed or Printed Name of Owner   |                  |
|  |  | Rest A Samste  |                  |
| STATE OF FLORIDA   |  | wner's Signature or Authorized Person's Signature  | _                |
| COUNTY OF LEE  |  |  |                  |
| On this 26TH day of 1  | MARCH , 2009,  | ROBERT L. SARVER II  | _                |
| personally appeared before me  | ,  | 11.  |                  |
| who is personally known to   | me whose identity I  | proved on the basis of   | _                |
|  | N H. 29EBE<br>Commit DD0826586<br>Expires 9/28/2012            | Dusan Hpibe  | <del></del>      |
| (Seal)   | Floress Natury Adams, Inc.                                     | Motary Public's Signature  |                  |
| Fee: \$87.50 Per Class<br>Certificate of Renewal: \$8.75   | (Ontional)   | Notary Public's Printed Name   | _                |
|  | (Optional)   | Houry I done 3 I thited Hame   |                  |

CR2E005 (1/07)