	Address - Address	99 AUG 25 AN 9:56  TALLAHASSEL, FLORIDA
City/State	/Zip Phone #	Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMBER	(S), (if known):
1(Corp	The Emergency Proporation Name)  7/746/761/671  Operation Name)  (Document	(9)
2. 789 (Cor	ogration Name) (Document	#)
(Corp	poration Name) (Document	#)
(Corp	poration Name) (Document	#)
☐ Walk in ☐ Mail out ☐	Pick up time Photocopy	Certified Copy  Certificate of Status
☐ Walk in ☐ Mail out  NEW FILINGS  Profit	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment	1 Certified Copy 1 Certificate of Status 1 9 10 3 6 5000029450461
☐ Walk in ☐ Mail out ☐ NEW FILINGS	Pick up time  Will wait  Photocopy  AMENDMENTS	Certified Copy  Certificate of Status  1036
Walk in  Mail out  NEW FILINGS  Profit  NonProfit	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director	Certified Copy  Certificate of Status  1000029450461 -07/28/99-01053-005
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent	Certificate of Status  100002945046-1 -07/29/99-01053-005 ******87.50  Name
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal	Certificate of Status  -07/
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/	Certificate of Status  Certificate of Status  Certificate of Status  Colored C
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/  QUALIFICATION  Foreign  Limited Partnership	Certificate of Status  Certificate of Status  Certificate of Status  Colored C
Walk in  Mail out  NEW FILINGS  Profit  NonProfit  Limited Liability  Domestication  Other  OTHER FILINGS  Annual Report  Fictitious Name	Pick up time  Will wait  Photocopy  AMENDMENTS  Amendment  Resignation of R.A., Officer/ Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION  Foreign	Certificate of Stafus  GOOOC2945046-1 -07/29/99-01053-005 ******87.50 *****87.50  Name Availability Document Examiner Updater NJC  Updater NJC



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 30, 1999

JAMES VINCENT FALLETTI 2133 LAKE PICKETT RD. ORLANDO, FL 32826

SUBJECT: THE EMERGENCY PRO

Ref. Number: W99000017755

We have received your document for THE EMERGENCY PRO and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Letter Number: 599A00038966

Nanette Causseaux Corporate Specialist Supervisor

APPLICATION FOR	THE REGISTRATION Pursuant to Chapter 495, 1	OF A TRADEMA	ARK OR SERVICE MARK
TO: Division of Corporati Post Office Box 6327 Tallahassee, FL 3231	ons 4	•	- ···
•	Name	& address to whom acki	nowledgment should be sent:
	Jan	mes Vincent F	alletti
		3 Lake Pickett R	
	ORL	ANDU, FL 328	26
	(40		
	PAR3	ne Telephone number	
1. (a) Applicant's name:		<del>-</del>	
	ress: 2133 LAKe F	• · · · · · · · · · · · · · · · · · · ·	
·	DRLANDO, F		
(c), Applicant's telephone nu	mber: (407) 382-	City/State/7in	
1 Individual	☐ Corporation	☐Joint Venture	Other:
General Partnership	☐ Limited Partnership	□Union	Other:
If other than an individual,	•		
<ol><li>Florida registration number:</li></ol>		(2) Domicile State	÷
(3) Federal Employer Identifica			
(a) If the mark to be registered (i.e., furniture moving ser	ed is a service mark, the services, diaper services, house	ces in connection with w painting services, etc.)	which the mark is used:
/\	rood, barbecde grins, snoe ia	connection with which ces, etc.)	the mark is used:
Computer Sof	tware		
(c) The mode or manner in wh	nich the mark is used:(i.e., lab	els, decals, newspaper a	dvertisements, brochures, etc.)
	and promotion.	labels	

d) The class(es) in which goods or services fall:	• • • ±			
Class 9 - Electrical And Scientific Apparatus				
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: April 1, 1997 (b) Date first used in Florida: April 1, 1997	1			
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 EMERGENCY Pro	Poster and			
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "	上 上			
"APART FROM THE MARK AS SHOW  I,	d the ept a to be			
Applicant's signature or authorized person's signature  STATE OF ORIDA  (List name and title)				
COUNTY OF CRAUGE				
On this Aloth day of July , 1999, James V. Fallelli personally known to me whose identity I proved on the basis of FIRE PARTAENT	onally			
(Seal CLARISSA MATTA Notary Public, State of Florida My comm. expires Mar. 10, 2001 No. CC629046 Bonded thru Ashton Agency, Inc.  Clarissa Matta Notary Public Signature  Clarissa Malla Notary's Printed Name				
My Commission Expires: MAR 16,200				
FEE: \$87.50 per class				

The Emergency Pro

Professional Emergency Software