

T99000001162

Tom Forbess

Requestor's Name

RR 4 Box 7385

Address

Hilliard, FL 32046

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
99 SEP 24 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700002995897-5
-09/13/99-01032-007
****262.50 *****87.50

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

T99-1162
9/24

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:

CP TOM FORBESS
RURAL ROUTE 4 Box 7385
Hilliard, Florida 32046
(904) 845-7001
Daytime Telephone number

PART I

1. (a) Applicant's name: TEAMSPORT ATHLETICS, INC.

(b) Applicant's business address: RURAL ROUTE 4 Box 7385
Hilliard Florida 32046

(c) Applicant's telephone number: (904) 845-7001 City/State/Zip

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: P990000 49469 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 59-3583443

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.)

RETAIL SALES OF ATHLETIC SPORTSWEAR + APPAREL; TAGS, CAPS,
T-SHIRTS, SWEATSHIRTS, CUPS, BUMPER STICKERS, AUTO TAGS, ETC.

(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.)

~~ATHLETIC SPORTSWEAR + APPAREL; TAGS, CAPS, T-SHIRTS~~
~~SWEATSHIRTS, CUPS, BUMPER STICKERS, AUTO TAGS, ETC.~~

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

SCREENPRINTING, EMBROIDERY, DECALS, LABELS
PRINTED ADVERTISEMENTS + PROMOTIONS

(Continued)

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

35-

ADVERTISING + BUSINESS

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:

8/1/94

(b) Date first used in Florida:

8/1/94

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.)

JAG TOWN

English Translation

2. DISCLAIMER (if applicable)

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

TOWN

" APART FROM THE MARK AS SHOWN.

I, Thomas J. Forbes, 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

THOMAS J. FORBESS

Typed or printed name of applicant

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

STATE OF

Florida

COUNTY OF

Nassau

On this

4

day of

Sept

, 19

94

Thomas J. Forbes

appeared before me,

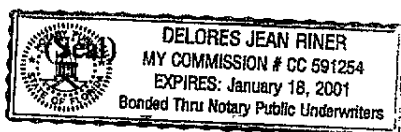
personally

☐ who is personally known to me

☒ whose identity I proved on the basis of

FDL#

F612830 552530



Delores Jean Riner

Notary Public Signature

Delores Jean Riner

Notary's Printed Name

My Commission Expires

Jan 18, 2001

FEE: \$87.50 per class

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T-SHIRTS, GOLFSHIRTS, HATS
TAGS, SPORTSWEAR

JAGTOWN

RT. 4 BOX 7385
HILLIARD, FL 32046

TOM FORBESS
TEAMSPORT

(904) 845-7001
FAX (904) 845-7541