

03/15/2016

**Wisconsin Department of Financial Institutions**

Strengthening Wisconsin's Financial Future

Search Trade Names and Trademarks**Trademark****Description:****Last / Corporation****Name:****City :****State :****Zip Code :****From Date:****To Date:***Trademarks are valid for 10 years.**Search All Years:*

Your search returned 1 result.

Mark ▲▼	First Name ▲▼	Last Name / Corporation ▲▼	Mail Address ▲▼	City ▲▼	State ▲▼	Zip ▲▼	File Date ▲▼	View
WAUKESHA FLORISTS	JAMES C.	POSSI	918 E. MORELAND BLVD.	WAUKESHA	WI	53186-	6/3/2009	

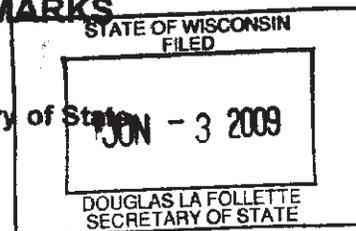
03/15/2016

May 2009 20095902176
21374

OFFICE OF THE SECRETARY OF STATE OF WISCONSIN
APPLICATION FOR REGISTRATION OF MARKS

per chapter 132, Wisconsin Statutes

Filing Fee is \$15.00, make checks payable to Secretary of State
Registration is effective for 10 years



1. State Full Exact Name of Registrant (Party Registering Mark)

James C. Possi

2. If registrant is not an individual person, state the nature or structure of the registrant -for example, corporation, bank, limited liability company, association, club, partnership, etc.

NOTE: If registrant is required to be licensed or registered with any government office, attach copies of the most recent registration documents. Copies are not necessary if the registrant's documents are on file with the Corporations Division of the Wisconsin Department of Financial Institutions. For-profit foreign corporations must be licensed to do business in Wisconsin before this registration can be granted.

3. Describe the type of business and/or goods for which this registration will be used:

FLORIST FLOWER DELIVERY

4. State registrant's residence, location, or place of business. An actual physical site is required, not a post office box.

918 E Moreland Blvd, Waukesha WI 53186

5. State registrant's mailing address and telephone:

918 E Moreland Blv Waukesha WI 53186 Phone: 262 549-0833

NOTE: The certificate of registration will be mailed to the above address, unless another is listed here:

6. Complete "A" or "B". A separate application and fee are required for each mark.

A. If the mark you wish to register consists of words only, print the word(s) here:

Waukesha Florists

B. If the mark you wish to register consists of words, symbols, pictures, or a combination with a distinctive appearance, describe the mark clearly with a written description, (what does your mark look like?), and enclose two samples of the mark.

03/15/2016

7. The **date** on which you first use the mark is extremely important. Indicate month and year.

Date of First Use: May 2 2009

8. This is an original application or a renewal application.

9. If an attorney or agent is completing this application, please provide the following:

Name (Please Print) _____

Business Address _____

Telephone (_____) _____

10. I, **Being Duly Sworn**, state that: I am the registrant or a duly authorized representative of the registrant; the facts set forth in this application are true; the registrant has the right to the use of the subject of the registration applied for, and that no other person or persons, firm, partnership, corporation, association or union of workers has such right either in the identical form or in any such near resemblance thereto as may be calculated to deceive; that any accompanying originals, copies, photographs, cuts, counterparts, facsimiles, or drawings filed herewith are correct; that the registrant is not required to be licensed or registered by any government office, or if the registrant is required to be licensed or registered, true and correct copies of the most recent license or registration documents are attached; and that the registrant is a resident of the United States.

Registrant or Agent must sign below in the presence of a notary public.

Signature of Registrant Or Agent: _____

Print Name as Signed Above: James C. Possi

Title of Party who signed above: owner

State of Wisconsin

County of Waukesha

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS DATE: May 14, 2009

Notary Signature: Jill W. Prokate

My Commission Expires on: July 22, 2012

Notary must Affix Notarial Seal/Stamp

Office Location
30 W. Mifflin St., 10th floor, Madison, WI 53702
Mailing Address
Secretary of State
Trademark Records PO Box 7848
Madison, WI 53707-7848
Telephone: (608) 266-5653

