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Form PTO-1595
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)
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U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
The Fluorida Gum Company, Inc
9037 Biscayne Blvd.
Miami Shores, FI 33138

19-04-02

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:
☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Change Of Address

Execution Date: 08/01/02

2. Name and address of receiving party(ies)
Name: The Fluorida Gum Company, Inc
Internal Address: 9037 Biscayne Blvd
Miami Shores, FI 33138

Street Address: 9037 Biscayne Blvd.

City: Miami Shores State: FL Zip: 33138

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):
If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

B. Patent No.(s) 5,840,119

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Mr. Christopher Russo
The Fluorida Gum Company
Internal Address:
9037 Biscayne Blvd.
Miami Shores, FI 33138
Street Address: 9037 Biscayne Blvd.
City: Miami Shores State: FI Zip: 33138

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

☒ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit account number:

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9. Signature.
Jon Michael Stefanello, President
Name of Person Signing
Signature
Date 8/28/02

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>Michael Louis Stefanello</u> <u>Richard Timothy Stefanello</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies) <u>YEW</u> Name: <u>The Florida Gum Company, Inc.</u> Internal Address: <u>8725 N.E. 10th Ct.</u> <u>Miami, FL 33138</u> Street Address: <u>8725 NE 10th Ct.</u> City: <u>Miami</u> State: <u>FL</u> Zip: <u>33138</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other <u>4.3.02</u> Execution Date: <u>3/22/02</u>			4. Application number(s) or patent number(s): <u>5,840,119</u> If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) _____ B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>John Stefanello</u> Internal Address: <u>8725 NE 10th Ct.</u> <u>Miami, FL 33138</u> Street Address: <u>8725 NE 10th Ct.</u> City: <u>Miami</u> State: <u>FL</u> Zip: <u>33138</u>			6. Total number of applications and patents involved: <input checked="" type="checkbox"/> 7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>N/A</u> (Attach duplicate copy of this page if paying by deposit account)		
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9. Statement and signature To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. <u>John Stefanello</u> Name of Person Signing <u>[Signature]</u> Date <u>3/22/02</u> Total number of pages including cover sheet, attachments, and documents: <u>1</u>					

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