

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90034 032 \*\*\*150.00

**DOCUMENT #** P01000090445

1. Entity Name

NICKY D'S PIZZA, INC.

Principal Place of Business

621 O'SHEA COURT  
 APOPKA FL 32712

Mailing Address

621 O'SHEA COURT  
 APOPKA FL 32712

2. Principal Place of Business

439 Umatilla Blvd.

Suite, Apt. #, etc.

3. Mailing Address

439 Umatilla Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Umatilla, FL.

City & State

Umatilla, FL.

4. FEI Number

59-3743790

Applied For

Not Applicable

Zip

32784

Country

Lake

Zip

32784

Country

Lake

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIANGELIS, NICHOLAS  
 621 O'SHEA COURT  
 APOPKA FL 32712

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

439 Umatilla Blvd

City

Umatilla

FL

Zip Code

32784

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Stephanie Diangelis*

(NOTE: Registered Agent signature required when reinstating)

2-1-02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIANGELIS, NICHOLAS	
STREET ADDRESS	621 O'SHEA COURT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIANGELIS, STEPHANIE	
STREET ADDRESS	621 O'SHEA COURT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	439 Umatilla Blvd	
STREET ADDRESS	Umatilla, FL 32784	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	439 Umatilla Blvd	
STREET ADDRESS	Umatilla, FL 32784	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Stephanie Diangelis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-02

Daytime Phone #

(352) 669-2400

CR2E034 (9/01)