

P09000086055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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12/20/10  
E. DENNARD  
AC



Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Name and mailing address change

To Whom It May Concern:

This is a written request to change the last name (due to marriage) and mailing address of the owner and president of Cutting Edge Custom Catering. Please change the name to Heather Squires and the mailing address to 1509 Lakeside Drive Dunedin, FL 34698. Enclosed is a copy of the marriage certificate.

**Name of Corporation:** Cutting Edge Custom Catering, INC.

**Florida Document #:** P09000086055

Thank you for your attention to this matter. If you have any questions please call (727) 688-7467.

Sincerely,

Heather Squires  
Cutting Edge Custom Catering Inc.  
1479 South Belcher Rd., Suite AA-DD Largo, FL. 33771  
E-mail - Sean2bchef@hotmail.com  
P. 727.688.7467  
F. 727.953.6419  
www.thecuttingedgecatering.com

RECEIVED  
10 DEC 17 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of Health • Vital Statistics

STATE OF FLORIDA  
MARRIAGE RECORD


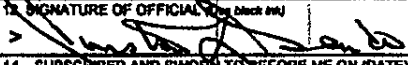
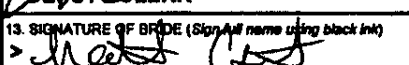

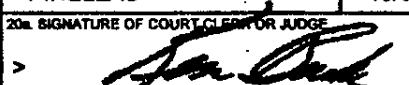
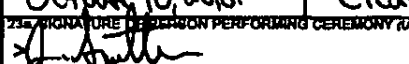

TYPE IN UPPER CASE  
USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

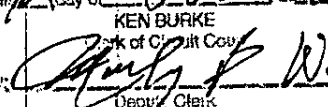
(STATE FILE NUMBER)

2010 ML 1810770

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) JOSHUA SEAN SQUIRES		2. DATE OF BIRTH (Month, Day, Year) 12/01/1978	
3a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) VIRGINIA
5a. BRIDE'S NAME (First, Middle, Last) HEATHER CHRISTINE CSONTOS		5b. MAIDEN SURNAME (if different)	6. DATE OF BIRTH (Month, Day, Year) 12/21/1988
7a. RESIDENCE - CITY, TOWN, OR LOCATION DUNEDIN	7b. COUNTY PINELLAS	7c. STATE FL	8. Birthplace (State or Foreign Country) FLORIDA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) > 		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/05/2010	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Sign black ink) > 	
13. SIGNATURE OF BRIDE (Sign full name using black ink) > 		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 10/05/2010	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Sign black ink) > 	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 10/05/2010	18a. DATE LICENSE EFFECTIVE 10/08/2010	19. EXPIRATION DATE 12/07/2010
20a. SIGNATURE OF COURT CLERK OR JUDGE > 		20b. TITLE CLERK OF THE CIRCUIT COURT	20c. BY D.C. CLS
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) October 10, 2010		22. CITY, TOWN, OR LOCATION OF MARRIAGE Clearwater, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) > 		23b. ADDRESS (Of person performing ceremony) C/O McGuire Law Offices, 1173 NE Cleveland St. Ft. 33755	
24. NAME OF WITNESS OF PERSON PERFORMING CEREMONY (For notary state)  Notary Public State of Florida John Smitten My Commission DD591054 Expires 10/29/2010		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >	
25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >	

STATE OF FLORIDA-PINELLAS COUNTY

I hereby certify that the foregoing is a true  
copy as recorded in the official records of  
Pinellas County.  
This day of Oct, 2010  
KEN BURKE  
Clerk of Circuit Court  
By:   
Deputy Clerk

