

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90028 005 ***150.00

DOCUMENT # P98000011585

1. Entity Name

PAINTING BY ANGELO, INC.

Principal Place of Business

**142 NE ROYCE AVE.
PORT ST. LUCIE FL 34983**

Mailing Address

**142 NE ROYCE AVE.
PORT ST. LUCIE FL 34983**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0811617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CSUKAS, DEBRA E
142 NE ROYCE AVE.
PORT ST. LUCIE FL 34983**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **CSUKAS, DEBRA E**
CITY-ST-ZIP **142 NE ROYCE AVE.
PORT ST. LUCIE FL 34983**

TITLE ☐ Change ☐ Addition
NAME **same**
STREET ADDRESS **DEBRA CSUKAS DINIAKOS**
CITY-ST-ZIP **same**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **DINIAKOS, ANGELO**
CITY-ST-ZIP **142 NE ROYCE AVE.
PORT ST. LUCIE FL 34983**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Debra Csukas Diniakos, Debra Csukas Diniakos **1/29/02** **(561) 340-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

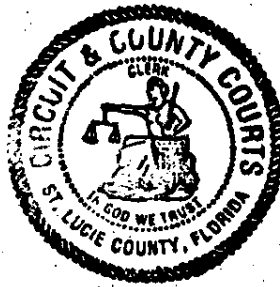
STATE OF FLORIDA
ST. LUCIE COUNTY

THIS IS TO CERTIFY THAT THIS IS A
TRUE AND CORRECT COPY OF THE
ORIGINAL.

JOANNE HOLMAN, CLERK

Joanne Holman
Deputy Clerk

DATE *July 05, 2001*



Doc P 98000011585

408396

Department of Health • Vital Statistics
**STATE OF FLORIDA
MARRIAGE RECORD**
TYPE IN UPPER CASE
USE BLACK INK

(STATE FILE NUMBER)

DATE REC'D JULY 05, 2001
BY JOYCE BARBON HILL, DC
BK 96 PG 86
CATH XX

01-306P *ML 455*

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) ANGELO PETER DINIAROS		2. DATE OF BIRTH (Month, Day, Year) JANUARY 28, 1949	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PORT ST LUCIE	3b. COUNTY ST LUCIE	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) GREECE
5a. BRIDE'S NAME (First, Middle, Last) DEBRA ELAINE CSUKAS		5b. MAIDEN SURNAME (if different)	
6. DATE OF BIRTH (Month, Day, Year) NOVEMBER 20, 1959		7. BIRTHPLACE (State or Foreign Country) SOUTH CAROLINA	
7a. RESIDENCE - CITY, TOWN, OR LOCATION PORT ST LUCIE	7b. COUNTY ST LUCIE	7c. STATE 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) <i>Angelo P. Diniaros</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 25, 2001
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) <i>Barbara C. Long</i>
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Debra C. Cukkas</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUNE 25, 2001
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) <i>Barbara C. Long</i>

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 ST LUCIE	18. DATE LICENSE ISSUED JUNE 25, 2001	19a. DATE LICENSE EFFECTIVE JUNE 28, 2001	19. EXPIRATION DATE AUGUST 26, 2001
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Barbara C. Long</i>	20b. TITLE DEPUTY CLERK	20c. BY D.C. BCK	

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) JULY 2, 2001	22. CITY, TOWN, OR LOCATION OF MARRIAGE PORT ST LUCIE, FLORIDA 34986
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Mary E. Osip</i>	23c. ADDRESS (Of person performing ceremony) 250 NW COUNTRYCLUB DRIVE
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (For military clergies) MARY E OSIP, DEPUTY CLERK	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink)

26. SOCIAL SECURITY NUMBER 080-50-8059	27. RACE WHITE	28. WERE YOU EVER PREVIOUSLY MARRIED? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, and 29c		
			29a. NO. OF THIS MARRIAGE 2	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT) DIVORCE	29c. DATE LAST MARRIAGE ENDED (Mo., Day, Year) MARCH 15, 1983
30. SOCIAL SECURITY NUMBER 264-45-1211	31. RACE WHITE	32. WERE YOU EVER PREVIOUSLY MARRIED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, and 33c		
			33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (Mo., Day, Year)