

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P960000866061**

1. Entity Name
Northdale Express Inc

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90077 038 ***150.00

Principal Place of Business Mailing Address
15527 N. Dale Mabry Hwy
Tampa FL 33618

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **22539 Southshore**
Land O Lakes

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **59-3401627** Applied For
Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

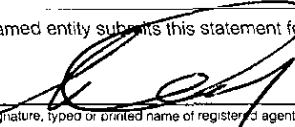
6. Name and Address of Current Registered Agent

Shear, Robert L
2790 Sunset Point
Clearwater, FL 33759

7. Name and Address of New Registered Agent

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  DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	Anthony Giallanza PD <input type="checkbox"/> Delete
NAME	22539 Southshore
STREET ADDRESS	Land O Lakes FL ADD
CITY-ST-ZIP	
TITLE	Joseph Giallanza TD <input type="checkbox"/> Delete
NAME	22539 Southshore Dr
STREET ADDRESS	Land O Lakes FL ADD
CITY-ST-ZIP	
TITLE	Georgina Giallanza SD <input type="checkbox"/> Delete
NAME	22539 Southshore
STREET ADDRESS	Land O Lakes, FL SAME
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	FRANK ARIAS PD <input checked="" type="checkbox"/> Delete
NAME	1028 Bait Harbor
STREET ADDRESS	Apollon Beach FL
CITY-ST-ZIP	
TITLE	LISA ARIAS VPD <input checked="" type="checkbox"/> Delete
NAME	1028 Bait Harbor
STREET ADDRESS	Apollon Beach FL
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)