

ame  
DALE EXPRESS, INC.

# P9 6000066061

North Dale Express, Inc

APPROVAL  
AND  
FILED

02 JUL 24 PM 1:02



STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

Place of Business DALE MABRY HWY 33618-1639	Mailing Address 22539 SOUTHSORE LAND O LAKES FL
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1. Place of Business 15527 N Dale Mabry Hwy Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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2. City & State Tampa FL 336118	4. FEI Number 59-3401627	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROBERT L P.A. UNSET POINT RD WATER FL 33759	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

Corporation is eligible to satisfy its intangible tax requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST GIALLANZA, GEORGINA 22539 SOUTHSORE DRIVE LAND-O-LAKES FL 34639-4727	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD GIALLANZA, ANTHONY 22539 S SHORE DR LAND O'LAKES FL 34637	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD GIALLANZA, JOSEPH 22539 S SHORE DR LAND O'LAKES FL 34639	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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07/25/02 01042 01  
\*\*\*150.00 \*\*\*150.00

CR2E034 (9/01)

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 stated 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 609, Florida Statutes, and that my name appears in Block 11 or Block 12 if required, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 4-25-02 Daytime Phone #: 813 996 4353

July 16, 2002

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

ATTENTION REINSTATEMENT DEPARTMENT

Dear Ula:

I am sending another payment for my Corporation renewal. My first payment has been lost in the mail. I checked with my accountant and he said that they haven't cleared yet. I sent all four in on time.


If you do receive my checks please advise as I have not had them returned to me.

I am asking that you please not charge me the \$400 penalty. I am very sorry that this happened but I did mail on time.

I cannot find the copy of the one I sent for AGJ so I sent the cover.

Enclosed are all four with new checks.

Thank you for your time and consideration.

  
G. Giallanza S/T  
AGJ, ARG, G-Man and Northdale Express  
PHONE 813-996-4353