## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P96000066061 **DOCUMENT #** 1. Entity Name NORTHDALE EXPRESS. INC.



## **FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91342 033 \*\*\*150.00

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Principal Place of Business 15527 M DALE MABRY HWY TAMPA FL 33618-1639		Mailing Address 22539 SOUTHSHORE LAND O LAKES FL						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3401627		Applied For	]
Zip	Country	Zip	Country		5. Certificate of Status Desired		Not Applicable 75 Additional	1
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New F		Required	-
o. Hallo and Addison of Patriott Hogorouta Agent				Name				
SHEAR, ROBERT L.P.A.			Stree	Street Address (P.O. Box Number is Not Acceptable)				
2790 SUNSET POINT RD			Oli Ge	T Addiess (r.	O. DOX Number is Not Acceptable	·)		
CLEARWA	TER FL 33759							١
			City			FL	Zip Code	1
	e named entity submits this statement for tions of registered agent.	the purpose of changing	g its registered office	or registere	d agent, or both, in the State of Flo	orida. I am famil	iar with, and accept	1
CIONIATURE	-							
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable.	(NOTE: Registered Agent sig	nature required w	hen reinstating)	DATE		
' F	TLE NOW!!! FEE IS \$150.00 .			·-	9. Election Campaign Fir	· · · · · · · · · · · · · · · · · · ·	<b>AC 00</b> 5	1
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFF	IÇERS AND DIR	ECTORS IN 11	1
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reperpy certify that the information supplied with this filling 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 eport 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 flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rece

Daytime Phone #