

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637889

1. Entity Name

D.T.L. CORPORATION

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90173 007 ***150.00

| | |
|---|--|
| Principal Place of Business 1150 ST RD 545 1081 9TH STREET & HIGHWAY 50 WINTER GARDEN FL 34787 | Mailing Address C/O LAURA C JOHNSON 1081 9TH & HIGHWAY 50 P.O. Box 78-3002 WINTER GARDEN FL 34787 34778-3002 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|--------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address PO Box 78-3002 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Winter Garden, FL |
| Zip | Country |
| Country | Zip 34778-3002 |

| | |
|---|--------------------------------|
| 4. FEI Number 59-1933601 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JOHNSON, LAURA C
 1081 9TH & HWY 50
 WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name: Johnson, Laura C.
 Street Address (P.O. Box Number is Not Acceptable):
 1150 ST. RD 545 - Avalon Rd.
 City: Winter Garden FL Zip Code: 34778

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 _____ (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, 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 | V <input type="checkbox"/> Delete |
| NAME | REES, JOHN N. |
| STREET ADDRESS | P.O. BOX 1161 |
| CITY-ST-ZIP | WINTER GARDEN FL |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | PICKELS, JOHN T. |
| STREET ADDRESS | 665 GLENVIEW DR. |
| CITY-ST-ZIP | WINTER GARDEN FL |
| TITLE | V <input type="checkbox"/> Delete |
| NAME | GOWLAND, JAN E. |
| STREET ADDRESS | 454 23RD ST. S.E. |
| CITY-ST-ZIP | VERO BEACH FL |
| TITLE | STD <input type="checkbox"/> Delete |
| NAME | JOHNSON, LAURA CLARK |
| STREET ADDRESS | 1081 9TH & HWY 50 - PO Box 78-3002 |
| CITY-ST-ZIP | WINTER GARDEN, FL 00000-34778-3002 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | REES, LINDA J. |
| STREET ADDRESS | 195 E. TILDEN ST. |
| CITY-ST-ZIP | WINTER GARDEN FL |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | GOWLAND, DEBORAH J. |
| STREET ADDRESS | 454 23RD ST SE |
| CITY-ST-ZIP | VERO BCH. FL |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | P <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Fred T. Johnson |
| STREET ADDRESS | PO Box 78-3002 |
| CITY-ST-ZIP | Winter Garden, FL 34778-3002 |
| TITLE | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Teresa J. Pickels |
| STREET ADDRESS | 665 Glenview Dr |
| CITY-ST-ZIP | Winter Garden, FL 34787 |
| 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: Laura C. Johnson 3-29-00 407-656-3331
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)