

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90017 006 ***150.00

0560742

DOCUMENT # 637889

1. Entity Name
D.T.L. CORPORATION

Principal Place of Business
**1081 9TH STREET & HIGHWAY 50
 WINTER GARDEN FL 34787**

Mailing Address
**P.O. BOX 78-3002
 WINTER GARDEN FL 34778-3002**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1150 St Rd 545
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Winter Garden, FL
 Zip Country
34-778 USA

City & State
 Zip Country

4. FEI Number **59-1933601**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**JOHNSON, LAURA C
 1150 ST RD. 545-AVALAN RD
 WINTER GARDEN FL 34778**

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 _____ (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, 2001 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	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	P.O. BOX 78-3002	
CITY-ST-ZIP	WINTER GARDEN FL 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	

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frederick T. Johnson	
STREET ADDRESS	PO. Bx 78-3002	
CITY-ST-ZIP	Winter Garden, FL 34778	
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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

407-656-3331

Daytime Phone #

CR2E034 (10/00)