


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90105 012 ***150.00

DOCUMENT # 637889

1. Entity Name
D.T.L. CORPORATION



Principal Place of Business
**1150 ST RD 545
WINTER GARDEN FL 34778
US**

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



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1933601**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete REES, JOHN N. P.O. BOX 1161 WINTER GARDEN FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete PICKELS, JOHN T. 665 GLENVIEW DR. WINTER GARDEN FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V <input type="checkbox"/> Delete GOWLAND, JAN E. 454 23RD ST. S.E. VERO BEACH FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input type="checkbox"/> Delete JOHNSON, LAURA CLARK P.O. BOX 78-3002 WINTER GARDEN FL 34778-3002 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete REES, LINDA J. 195 E. TILDEN ST. WINTER GARDEN FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete GOWLAND, DEBORAH J. 454 23RD ST SE VERO BCH. FL |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Change <input type="checkbox"/> Addition Fred T. Johnson PO Box 78-3002 Winter Garden, FL 34778-3002 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input type="checkbox"/> Addition Teresa J. Pickels 665 Glenview Dr Winter Garden, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura C. Johnson **SIGNATURE REQUIRED** Laura C. Johnson **3-23-03** 407-656-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)