

# 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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
**PO Box 78-3002**  
Suite, Apt. #, etc.  
City & State  
**Winter Garden, FL**  
Zip Country  
**34778-3002**

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**  
**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00

Date

407-656-3331

Daytime Phone #

CR2E034 (9/99)