

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90067 048 \*\*\*150.00

**DOCUMENT # P00000097716**

1. Entity Name

**D.T.I. OF FLORIDA, INC.**

Principal Place of Business

**8509 NW GAINESVILLE ROAD  
 Ocala FL 34475**

Mailing Address

**8509 NW GAINESVILLE ROAD  
 Ocala FL 34475**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3679467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DIEL, DREW D JR  
 7350 SE 135TH STREET  
 SUMMERFIELD FL 34491**

7. Name and Address of New Registered Agent

Name **CHAD A. DIEL**

Street Address (P.O. Box Number is Not Acceptable)

**8509 NW GAINESVILLE RD**

City **OCALA**

FL

Zip Code **34475**

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 *Chad A Diel* **CHAD A. DIEL** 1-17-02  
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, 2002 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	D	<input type="checkbox"/> Delete
NAME	DIEL, DREW D JR	
STREET ADDRESS	7350 SE 135TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEL, DREW D SR	
STREET ADDRESS	7350 SE 135TH STREET	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	RASNICK, RICK	
STREET ADDRESS	15805 SE 92ND AVE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEL, CHAD A	
STREET ADDRESS	3065 NE 45TH STREET	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Chad A Diel* **CHAD A. DIEL** 1-17-02 352-732-9001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)