

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90094 011 \*\*\*150.00

**DOCUMENT # P94000047520**

1. Entity Name  
**DIAGNOSTIC INSTRUMENT GROUP, INC.**

Principal Place of Business

**1806 GUNN HIGHWAY  
 ODESSA FL 33556  
 US**

Mailing Address

**1806 GUNN HIGHWAY  
 ODESSA FL 33556  
 US**

980390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8404 SUNSTATE STREET**

3. Mailing Address

**8404 SUNSTATE STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEI Number **59-3260685**

Applied For

Not Applicable

Zip

**33634**

Country

**USA**

Zip

**33634**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**TOBIN, NELSON H  
 1806 GUNN HWY  
 ODESSA FL 33556**

7. Name and Address of New Registered Agent

Name **TOBIN, NELSON H**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8408 SUNSTATE STREET**

City **TAMPA** FL Zip Code **33634**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD**  
 NAME **TOBIN, NELSON H** ☐ Delete  
 STREET ADDRESS **1806 GUNN HWY**  
 CITY-ST-ZIP **ODESSA FL 33556**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
 NAME **TOBIN, NELSON H**  
 STREET ADDRESS **8408 SUNSTATE STREET**  
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



Attachment  
DVC # PG4000047520  
A80390

DIAGNOSTIC INSTRUMENT GROUP

8404 Sunstate Street  
Tampa, FL 33634  
813•926•3447  
Fax 813•885•2850  
www.eDIGonline.com

September 5, 2002

Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern,

Our company has relocated and for some reason we never received the original notice. We respectfully request that the late fee of \$500.00 be waived.

We contacted your office and was told by Rob that we should send in the application with a payment of \$150.00.

Please let me know if anything else is needed.

Thank you for your assistance in this matter.

Frances Bucholz  
Controller  
Diagnostic Instrument Group  
(813)926-3447