

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84113

1. Entity Name

DIVERSIFIED PRODUCT INSPECTIONS, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90004 013 \*\*\*150.00

Principal Place of Business

Mailing Address

1778 DOYLE RD.  
DELTONA FL 32725  
US

1778 DOYLE RD.  
DELTONA FL 32725-8549  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
OAK Ridge, TN

4. FEI Number

59-3087128

Applied For

Not Applicable

Zip

Country

Zip

Country

37830

ANDERSON

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FURLONG, ANN MARIE  
1859 TRUMBULL  
DELTONA FL 32725

Name

JOHN VANZYL

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

815 Trumbull St.

City

DELTONA

FL

Zip Code

32725

☒ 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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-30-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME VANZYL, JOHN D.  
STREET ADDRESS 1859 TRUMBULL  
CITY-ST-ZIP DELTONA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 815 Trumbull  
CITY-ST-ZIP DELTONA, FL 32725

TITLE S ☐ Delete  
NAME FURLONG, ANN MARIE  
STREET ADDRESS 1859 TRUMBULL  
CITY-ST-ZIP DELTONA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3 main St.  
CITY-ST-ZIP OAK Ridge, TN. 37830

TITLE VP ☐ Delete  
NAME STACY, MARVIN S.  
STREET ADDRESS 1859 TRUMBULL ST  
CITY-ST-ZIP DELTONA FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3 main St  
CITY-ST-ZIP OAK Ridge, TN. 37830

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-30-2000

CR2E034 (9/99)