## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## FILED Jan 10, 2001 8:00 am Secretary of State 01-10-2001 90088 008 \*\*\*150.00 DOCUMENT # 592881 TRI-VENTURE MARKETING, INC. Mailing Address Principal Place of Business 2525 DRANE FIELD RD STE 1 2525 DRANE FIELD RD STE 1 071393 SHITE #1 SUITE #1 LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1861887 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, JOHN J JR Street Address (P.O. Box Number is Not Acceptable) 9418 WICHHAM WAY ORLANDO FL 32836 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) XX Addition TITLE Director Change ☐ Delete Mary Martha Dean GIDDENS, E. EUGENE NAME STREET ADDRESS 112 Strafford Dr STREET ADDRESS 1106 N. SUGARTREE LANE CITY-ST-ZIP CITY-ST-ZIP Louisburg, NC 27549 LAKELAND FL ☐ Change XX Addition Director ☐ Delete TITLE John J Dean III NAME TAAFFE, ROBERT K STREET ADDRESS STREET ADDRESS 112 Strafford Dr 172 BERMUDA CT CITY-ST-ZIP CITY-ST-ZIP PONTE VERDA BEACH FL 32082 Louisburg NC 27549 Change Addition TITLE Delete NAME ANGLIN, FRANK D. STREET ADDRESS STREET ADDRÉSS 1528 HANSON AVE. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ∏ Addition TITLE ☐ Delete NAME NAME TALLANT, JOHN STREET ADDRESS STREET ADDRESS 1990 HUGHS DR CITY-ST-ZIP CITY-ST-7IP **CUMMING GA 30040** ☐ Change ☐ Addition ☐ Delete CEOD TITLE NAME DEAN, JOHN JACKSON JR STREET ADDRESS STREET ADDRESS 9418 WICHHAM WAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Change Addition Delete NAME TEASDALE, WALT NAME STREET ADDRESS STREET ADDRESS 6507 STAFFORD TERRACE CITY-ST-ZIP PLANT CITY FL 33566 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.