

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2002 8:00 am**  
**Secretary of State**

01-25-2002 90005 033 \*\*\*150.00

**DOCUMENT # 592881**

**1. Entity Name**  
**TRI-VENTURE MARKETING, INC.**

**Principal Place of Business**  
**2525 DRANE FIELD RD STE 1**  
**SUITE #1**  
**LAKELAND FL 33811**

**Mailing Address**  
**2525 DRANE FIELD RD STE 1**  
**SUITE #1**  
**LAKELAND FL 33811**

**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** **59-1861887**

Applied For  
 Not Applicable

**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**

**DEAN, JOHN J JR**  
**9418 WICHAM WAY**  
**ORLANDO FL 32836**

Name

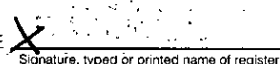
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **DEAN, MARY M**  
**STREET ADDRESS** **112 STRAFFORD DR.**  
**CITY-ST-ZIP** **LOUISBURG NC 27549**

**TITLE** **President/ CEO** ☐ Change, ☒ Addition  
**NAME** **E Eugene Giddens**  
**STREET ADDRESS** **1106 Sugartree Lane N**  
**CITY-ST-ZIP** **Lakeland, FL 33813**

**TITLE** **D** ☐ Delete  
**NAME** **DEAN, JOHN J III**  
**STREET ADDRESS** **112 STRAFFORD DR.**  
**CITY-ST-ZIP** **LOUISBURG NC 27549**

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

**TITLE** **VP** ☐ Delete  
**NAME** **ANGLIN, FRANK D.**  
**STREET ADDRESS** **1528 HANSON AVE.**  
**CITY-ST-ZIP** **LAKELAND FL**

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

**TITLE** **VP** ☒ Delete  
**NAME** **TALLANT, JOHN**  
**STREET ADDRESS** **1990 HUGHS DR**  
**CITY-ST-ZIP** **CUMMING GA 30040**

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

**TITLE** ☐ Delete  
**NAME** **CEOD**  
**STREET ADDRESS** **DEAN, JOHN JACKSON JR**  
**CITY-ST-ZIP** **9418 WICHAM WAY**  
**ORLANDO FL 32836**

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

**TITLE** **V** ☐ Delete  
**NAME** **TEASDALE, WALT**  
**STREET ADDRESS** **6507 STAFFORD TERRACE**  
**CITY-ST-ZIP** **PLANT CITY FL 33566**

**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

**CEOD**

Date

Daytime Phone #

1/11/02 1-800-569-1710

CR2E034 (9/01)