

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90704 034 ***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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. 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** ☐ Change ☒ Addition
NAME **Giddens, E. Eugene**
STREET ADDRESS **1106 Sugartree Lane North**
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 **Director** ☐ Change ☒ Addition
NAME **Davis, Charles M Esquire**
STREET ADDRESS **2525 Drane Field Rd Ste 1**
CITY-ST-ZIP **Lakeland FL 33811**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF OFFICER OR DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-03

863-648-1881

Date

Daytime Phone #

CR2E034 (10/02)