

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 17, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000039974**1. Entity Name
VENTUREX MARKETING, INC.

Principal Place of Business

710 WHIDBEY STREET

WEST MELBOURNE
32904

FL

Mailing Address

710 WHIDBEY STREET

WEST MELBOURNE
32904

FL

2. Principal Place of Business
3990 TURKEY POINT DRIVE3. Mailing Address
3990 TURKEY POINT DRIVESuite, Apt. #, etc.
SUITE ASuite, Apt. #, etc.
SUITE ACity & State
MELBOURNE

FL

City & State
MELBOURNE

FL

Zip
32934

Country

Zip
32934

Country

4. FEI Number
59-3640646

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON J PATRICK
930 S HARBOR CITY BLVD STE 505MELBOURNE FL
32901 US

7. Name and Address of New Registered Agent

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 _____ 07/17/2001

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteD
NAME BURKE JAMES G ☐ Delete
STREET ADDRESS 710 WHIDBEY STREET
CITY-ST-ZIP WEST MELBOURNE FL 32904TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP O ☐ Change ☒ Addition
BURKE LOIS J
3990 TURKEY POINT DRIVE
MELBOURNE FL 32934D
NAME BURKE JAMES G ☒ Change ☐ Addition
STREET ADDRESS 3990 TURKEY POINT DRIVE
CITY-ST-ZIP MELBOURNE FL 32934TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Lois J. Burke

O

07/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)