

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 90560 024 \*\*\*150.00

**DOCUMENT # P01000024888**

1. Entity Name  
**RENNEV MARKETING, INC.**

Principal Place of Business  
**5350 115TH AVENUE, NORTH  
 CLEARWATER FL 33760**

Mailing Address  
**5350 115TH AVENUE, NORTH  
 CLEARWATER FL 33760**

T U B I U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11311 74TH ST N**

3. Mailing Address  
**11311 74TH ST N**

City & State  
**LARGO, FL**

City & State  
**LARGO, FL**

4. FEI Number  
**59-3708369**

Applied For  
 Not Applicable

Zip  
**33773**

Country

Zip  
**33773**

Country

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

**6. Name and Address of Current Registered Agent**

**VENNER, EDWARD F  
 5350 115TH AVENUE NORTH  
 CLEARWATER FL 33760**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11311 74TH ST N**  
 City **LARGO** **FL** Zip Code **33773**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>PTD</b>	
STREET ADDRESS		<b>EDWARD VENNER</b>	
CITY-ST-ZIP		<b>351 PALM ISLAND SE</b>	
		<b>CLEARWATER, FL 33767</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		<b>VSD</b>	
STREET ADDRESS		<b>CATHERINE VENNER</b>	
CITY-ST-ZIP		<b>351 PALM ISLAND SE</b>	
		<b>CLEARWATER, FL 33767</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 **5/01/02**

Daytime Phone # **727-546-7470**

CR2E034 (9/01)