

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91208 045 ***550.00

CR11496 AT

DOCUMENT # F01000004559

1. Entity Name
VIPER COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business Mailing Address
541 STERLING DRIVE **541 STERLING DRIVE**
RICHARDSON TX 75081 **RICHARDSON TX 75081**

2. Principal Place of Business 3. Mailing Address
4340 E SBRO AV **P O Box 852527**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA FL **RICHARDSON TX**
 Zip Country Zip Country
34480 **75085** **TX**

4. FEI Number **75-2716944** Applied For
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
CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name **JAMES A. CONANT, JR**
 Street Address (P.O. Box Number is Not Acceptable)
965 S E 82ND ST RD
 City **OCALA** FL Zip Code **34480-5708**

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 **JAMES A. CONANT, JR.** DATE **5-23-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SPURLIN, P. DAVID 541 STERLING DRIVE RICHARDSON TX 75081 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPURLIN, P. DAVID 541 STERLING DRIVE RICHARDSON TX 75081 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES A CONANT, JR 965 S E 82ND ST RD OCALA FL 34480-5708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT DONALD D. JONES PO BOX 117 HARRISBURG NC 28075 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: **JAMES A. CONANT, JR** DATE: **5-24-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)