## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000004559

1. Entity Name

VIPER COMMUNICATION SYST		
Principal Place of Business 4340 E 53RD AV OCALA FL 34480	Mailing Address PO BOX 852527 RICHARDSON TX 75085	
2. Principal Place of Business	3. Mailing Address	········
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FE
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## **FILED** Feb 03, 2003 8:00 am **Secretary of State**

02-03-2003 90157 001 \*\*\*150.00

VIPER OC	DMMUNICATION SYSTEMS	, INC.					
Principal Plac 4340 E 53RD OCALA FL 34		Mailing Address PO BOX 852527 RICHARDSON TX 75085					
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2. Principal F	Place of Business	3. Mailing Address	\			I BIBBI BIIBI I	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	CHECK HERE	E IF MAKING Ó	CHANGES	
City & State		City & State		/5-2/16944			oplied For
Žip	Country	Zip	Country	5. Certificate of Status Desired		8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New		· · · · ·	
			Name				
	JAMES A		Street Address	s (P.O. Box Number is Not Acceptab	le)	<u> </u>	<del></del>
	2ND ST RD		-				
OCALA FL	_ 34480-5708						
3	·		City	-	FL	Zip Cod	е
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of F	lorida. I am far	miliar with,	and accept
CIONATURE	ž.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	red when reinstating)	DATE	•	- <del></del>
F	ILE NOW!!! FEE IS \$150.00	1			. ,		_
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State		9. Election Campaign F Trust Fund Contributi			May Be to Fees
			11.		on.	Added	to Fees
Make Check 10.	k Payable to Florida Department of OFFICERS AND PST		TITLE	Trust Fund Contributi	on.   FICERS AND D	Added	to Fees
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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:** 

Z<del>ire re</del>quired