

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90223 043 ***150.00

DOCUMENT # **F94000002759**

1. Entity Name

VERTEX COMMUNICATIONS CORPORATION



70009932

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 N. LONGVIEW STREET

Suite, Apt. #, etc.

3. Mailing Address

1500 PRODELIN DRIVE

Suite, Apt. #, etc.

City & State

KILGORE, TX

City & State

NEWTON, NC

Zip

75662

Country

USA

Zip

28658

Country

USA

4. FEI Number

75-1982974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

1200 S. PINE ISLAND ROAD

City **PLANTATION**

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PRESIDENT
NAME	GARY R. KANIPE
STREET ADDRESS	1500 PRODELIN DRIVE
CITY-ST-ZIP	NEWTON, NC 28658
TITLE	EXECUTIVE VICE PRESIDENT
NAME	RONNIE K. BOYD
STREET ADDRESS	1500 PRODELIN DRIVE
CITY-ST-ZIP	NEWTON, NC 28658
TITLE	Asst. Treasurer
NAME	Mark Schalk
STREET ADDRESS	1500 Prodelin Drive
CITY-ST-ZIP	Newton NC 28658
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald K Boyd **Ronald K. Boyd** **1/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034B (12/02)