

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91585 005 \*\*\*150.00

**DOCUMENT #** P00000014725  
**1. Entity Name**  
 VIPER INVESTMENTS, INC.

**Principal Place of Business** **Mailing Address**

<b>2. Principal Place of Business</b> 3275 W HILLSBORO BLVD	<b>3. Mailing Address</b> 3275 W HILLSBORO BLVD
Suite, Apt. #, etc. SUITE 207	Suite, Apt. #, etc. SUITE 207
City & State DEERFIELD BEACH FL	City & State DEERFIELD BEACH FL
Zip 33442	Country USA

**4. FEI Number** 65-0979996 **Applied For** ☐ **Not Applicable**

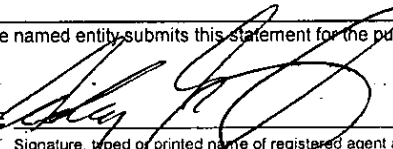
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

A0070296

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent:</b>
	Name ANTHONY G. COLEMAN, JR.
	Street Address (P.O. Box Number is Not Acceptable) 3275 W HILLSBORO BLVD
	SUITE 207
	City DEERFIELD BEACH
	State FL
	Zip Code 33442

**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**  **ANTHONY G. COLEMAN, JR.** **05/01/2001**

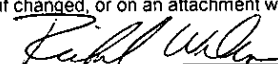
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		VPD ANTHONY G. COLEMAN, JR. 3275 W HILLSBORO BLVD STE 207 DEERFIELD BEACH FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		PD RICHARD W. DEAN 3275 W HILLSBORO BLVD STE 207 DEERFIELD BEACH FL 33442	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **RICHARD W. DEAN** **05/01/01 (954) 354-2785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #