

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90177 016 \*\*\*150.00

**DOCUMENT # P94000037288**

1. Entity Name

**VIPER INCORPORATED, PRIVATE INVESTIGATIONS**

Principal Place of Business

9916 NOB HILL COURT  
SUNRISE FL 33351-4624  
US

Mailing Address

10097 CLEARY BLVD  
SUITE 318  
PLANTATION FL 33324-1065  
US

*CHANGED*

2. Principal Place of Business

3. Mailing Address

*P.O. Box 451171*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

*SUNRISE, FL*

Zip

Country

Zip

Country

*33345-1171 U.S.A.*

4. FEI Number

**65-0478141**

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEDEE, OTTO GUSTAVE~~  
~~10097 CLEARY BOULEVARD SUITE 318~~  
~~PLANTATION FL 33324~~

*CHANGE TO*

Name  
*TIMOTHY D. LUCERO, ESQ.*  
Street Address (P.O. Box Number is Not Acceptable)  
*1401 N. UNIVERSITY DRIVE*  
*SUITE 600*  
City  
*CORAL SPRINGS* FL Zip Code  
*33071*

*(954) 755-7035*

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

*25 April 2000*

SIGNATURE

Signature of the person who is the registered agent for the entity

(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, 2000 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	PMD	<input type="checkbox"/> Delete
NAME	LEDEE, OTTO G	
STREET ADDRESS	10097 CLEARY BLVD, 318	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LANDWIRTH, ROBIN MARTA	
STREET ADDRESS	10097 CLEARY BLVD, SUITE 318	
CITY-ST-ZIP	PLANTATION FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEDEE, KAREN LYNN	
STREET ADDRESS	10097 CLEARY BLVD 318	
CITY-ST-ZIP	PLANTAION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PMD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDEE, OTTO GUSTAVE	
STREET ADDRESS	P.O. Box 451171	
CITY-ST-ZIP	SUNRISE, FL 33345-1171	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDEE, KAREN LYNN	
STREET ADDRESS	P.O. Box 451171	
CITY-ST-ZIP	SUNRISE, FL 33345-1171	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARON JOSEPH SAYLOR	
STREET ADDRESS	P.O. Box 451171	
CITY-ST-ZIP	SUNRISE, FL 33345-1171	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*OTTO GUSTAVE LEDEE, PRESIDENT 4/24/00 (954) 741-0984*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)