

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000001171****1. Entity Name**  
**VOYAGER TRANSPORT, INC.****Principal Place of Business****2466 SANDLAKE RD  
ORLANDO FL 32809  
US****Mailing Address****PO BOX 620876  
ORLANDO FL 32862-876  
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number** **76-0191271**

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****PHIPPS, TERRY  
2466 SAND LAKE RD  
ORLANDO FL 32809**

Name

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

City

**FL**

Zip Code

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME            | STREET ADDRESS            | CITY-ST-ZIP       | <input type="checkbox"/> Delete |
|-------|-----------------|---------------------------|-------------------|---------------------------------|
| P     | PHIPPS, TERRY   | 21829 ROYAL ST GEORGES LN | LEESBURG FL 34748 | <input type="checkbox"/>        |
| S     | PHIPPS, LORETTA | 21829 ROYAL ST GEORGES LN | LEESBURG FL 34748 | <input type="checkbox"/>        |
|       |                 |                           |                   | <input type="checkbox"/>        |
|       |                 |                           |                   | <input type="checkbox"/>        |
|       |                 |                           |                   | <input type="checkbox"/>        |
|       |                 |                           |                   | <input type="checkbox"/>        |
|       |                 |                           |                   | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

**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:** *Terry Phipps*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Terry Phipps 1/15/01 407 8590716*

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)