

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 04, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000043149**1. Entity Name  
VOYAGER ENTERPRISES INC

## Principal Place of Business

325 DANUBE AVE., #104

TAMPA  
336063749

FL

## Mailing Address

325 DANUBE AVE., #104

TAMPA  
336063749

FL

2. Principal Place of Business  
4048 WEST KENNEDY BLVD3. Mailing Address  
4048 WEST KENNEDY BLVDSuite, Apt. #, etc.  
#654Suite, Apt. #, etc.  
#654City & State  
TAMPA

FL

City & State  
TAMPA

FL

Zip  
336092750Country  
USZip  
336092750Country  
US4. FEI Number  
**59-3640100**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MOORE DEBORA  
325 DANUBE AVE., #104TAMPA  
336063749

FL

## 7. Name and Address of New Registered Agent

Name  
MOORE DEBORAStreet Address (P.O. Box Number is Not Acceptable)  
4048 WEST KENNEDY BLVD

#654

City  
TAMPA

FL

Zip Code  
336092750

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)

03/04/2001

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

TITLE D ☐ Delete  
NAME MOORE DEBORA A  
STREET ADDRESS 325 DANUBE AVE., #104  
CITY-ST-ZIP TAMPA FL 336063749TITLE D ☐ Delete  
NAME MOORE JOHN R  
STREET ADDRESS 325 DANUBE AVE., #104  
CITY-ST-ZIP TAMPA FL 336063749TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TREA ☒ Change ☐ Addition  
NAME MOORE DEBORA A  
STREET ADDRESS 4048 WEST KENNEDY BLVD #654  
CITY-ST-ZIP TAMPA FL 336092750TITLE PRES ☒ Change ☐ Addition  
NAME MOORE JOHN R  
STREET ADDRESS 4048 WEST KENNEDY BLVD #654  
CITY-ST-ZIP TAMPA FL 336092750TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Debora Moore

Trea

03/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)