FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91745 010 ***558.75

DOCUMENT # P01000092239

1. Entity Name
AMERICAN VOYEUR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
833 WHALEBONE BAY DR.
Suite, Apt. #, etc.
City & State: KISSIMMEE, FL.
Zip: 34741-7430 Country: OSCEOLA

3. Mailing Address
833 WHALEBONE BAY DR.
Suite, Apt. #, etc.
City & State: KISSIMMEE, FL.
Zip: 34741-7430 Country: OSCEOLA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 80-0004544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JAMES L. CASH
Street Address (P.O. Box Number is Not Acceptable): 833 WHALEBONE BAY DR.
City: KISSIMMEE FL. Zip Code: 34741-7430

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: James L. Cash PRESIDENT, JAMES L. CASH PRES. 5-13-02
(Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when necessary) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P/T
NAME	JAMES L. CASH
STREET ADDRESS	833 WHALEBONE BAY DR.
CITY-ST-ZIP	KISSIMMEE, FL. 34741-7430
TITLE	V/S
NAME	ALAN J. REIDER
STREET ADDRESS	10325 SHERROUSE RD.
CITY-ST-ZIP	LAKELAND, FL. 33810

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: James L. Cash JAMES L. CASH PRES. 5-13-02 (321)229-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)