

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 032 ***150.00

DOCUMENT # PO1000103815

1. Entity Name

Voyager Holdings, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Two South University Drive

3. Mailing Address

Two South University Drive

Suite, Apt. #, etc.

Suite 312

Suite, Apt. #, etc.

Suite 312

City & State

Plantation

City & State

Plantation

Zip

33324

Country

Zip

33324

Country

4. FEI Number

582657149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Andrew Lockwood

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

Two South University Drive Suite 312

Plantation

City

Plantation

FL

Zip Code

33324

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

Andrew Lockwood

ANDREW LOCKWOOD

2/07/02

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) ☐

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

NAME

STREET ADDRESS

CITY-ST-ZIP

Director
Andrew Lockwood
433 Plaza Real
Boca Raton FL 33432

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director, President
Andrew Lockwood
2 S. University Drive # 312
Plantation FL 33324

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director, Chief Financial Officer
John Peña
2 S. University Drive # 312
Plantation FL 33324

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Lockwood

2/07/02

Date

Daytime Phone #

954 693 4848

CR2E034B (12/01)