## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State P01000106275 DOCUMENT # 1. Entity Name VISTOUR, INC. 05-22-2002 90103 025 \*\*\*150.00 Principal Place of Business Mailing Address 145 THIRD STREET P.O. BOX 251195 HOLLY HILL FL 32117 HOLLY HILL FL 32125 2. Principal Place of Business Speeding By 3. Mailing Address 125 E. International Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite Applied For City & State 4. FEI Number City & State 91-2165293 Duy tona Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32118 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent معند ساديني GAMMERO, GERARD Street Address (P.O. Box Number is Not Acceptable) 1329 MARGINA AVE. · riP **DAYTONA BEACH FL 32114** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President, Treasurer ☐ Delete TITLE ☐ Change ☐ Addition Matthew Hamel 145 3Rd ST. NAME NAME STREET ADDRESS STREET ADDRESS Holly Hill, FL 32117 CITY-ST-ZIP CITY-ST-ZIP Vise Pres, sec Gerard Gammero 1329 Margina Ave. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Daytona Beach, FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**