FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2003 8:00 am Secretary of State P01000106275 DOCUMENT # 1. Entity Name 04-17-2003 90124 024 \*\*\*150.00 VISTOUR, INC. Principal Place of Business Mailing Address 125 E. INTERNATIONAL SPEEDWAY BLVD... P.O. BOX 251195 HOLLY HILL FL 32125 -DAYTONA BEACH FL 32118-2. Principal Place of Business 3. Mailing Address 599 5. Yonge Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 91-2165293 Ormond Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32/74 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMMERO, GERARD Street Address (P.O. Box Number is Not Acceptable) 1329 MARGINA AVE: 100 Spyglass Cir. DAYTONA-BEACH FL-32114 Zip Code 32/14 Our tora Beach 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAMEL, MATTHEW NAME NAME STREET ADDRESS 145 3RD ST. STREET ADDRESS HOLLY HILL FL 32117 CITY-ST-ZIP CITY-ST-ZIP Change **VPS** TITLE ☐ Delete TITLE ☐ Addition GAMMERO, GERARD NAME NAME SPYGlass Cir. STREET ADDRESS 6329 MARGINA AVE. STREET ADDRESS mytona Beach, FL 32114 CITY-ST-7IP DAYTONA BEACH FL 32114-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIPPED dust Viston Inc. 4/13/03 186-636-0114

PETER OR DIRECTOR

Date

Date

Description of