

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000062943

1. Entity Name
VOYAGER AVIATION, INC.
3003 CHALLENGER AVENUE
TITUSVILLE FL 32780

Principal Place of Business
7003 CHALLENGER AVENUE
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3464663

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, GARY J
7003 CHALLENGER AVENUE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name EVANS, GARY J.
Street Address (P.O. Box Number is Not Acceptable)
660 NORTH TROPICAL TRAIL
City MERRITT ISLAND FL 32953

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 *GARY J. EVANS* GARY J. EVANS PRESIDENT 01-04-02
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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

11. OFFICERS AND DIRECTORS

TITLE PTSD ☐ Delete
NAME EVANS, GARY J
STREET ADDRESS 7003 CHALLENGER AVENUE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE V ☐ Delete
NAME EVANS, HENRY F
STREET ADDRESS 47 OLD HADLOW ROAD
CITY-ST-ZIP TONBRIDGE, KENT, TNIO 4EX UK OC

TITLE V ☐ Delete
NAME EVANS, EILEEN L.
STREET ADDRESS 47 OLD HADLOW ROAD
CITY-ST-ZIP TONBRIDGE, KENT TNIO 4EX, UK

TITLE V ☒ Delete
NAME URHAUSEN, ROBERT J
STREET ADDRESS 5155 JUMPER ST
CITY-ST-ZIP COCOA FL 32927

TITLE V ☐ Delete
NAME EVANS-DAY, LYN DIANE
STREET ADDRESS 660 NORTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 660 NORTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *GARY J. EVANS* GARY J. EVANS 01-04-02 321-385-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 044 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)