

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008700

1. Entity Name  
VOYAGER MARINE, INC.

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90216 041 \*\*\*550.00

Principal Place of Business

2071 S.W. 70TH AVENUE  
SUITE G-8  
DAVIE FL 33317

Mailing Address

2071 S.W. 70TH AVENUE  
SUITE G-8  
DAVIE FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6861 ORANGE DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
6861 ORANGE DRIVE  
Suite, Apt. #, etc.

City & State  
DAVIE, FL  
Zip  
33314  
Country  
U.S.A.

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DAVIE, FL  
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33314  
Country  
U.S.A.

4. FEI Number 65-0820817  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NELSON-OLIPHANT, DARLENE  
2071 S.W. 70TH AVENUE  
SUITE G-8  
DAVIE, FL 33317

7. Name and Address of New Registered Agent

Name  
DARLENE NELSON  
Street Address (P.O. Box Number is Not Acceptable)  
6861 ORANGE DRIVE  
City DAVIE FL Zip Code FL

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 Darlene Nelson DARLENE NELSON 07/31/02  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD BUCKNELL, ROBERT B 2071 SW 70TH AVE G8 DAVIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUCKNELL, ELLEN L 2071 SW 70TH AVE G8 DAVIE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON-OLIPHANT, DARLENE 2071 SW 70TH AVE, G8 DAVIE FL 33317 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCKNELL, ROBERT B. 6861 ORANGE DRIVE DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUCKNELL, ELLEN L 6861 ORANGE DRIVE DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARLENE NELSON 6861 ORANGE DRIVE DAVIE, FL 33314 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Darlene Nelson UP 07/31/02 954 791 4447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)