

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90124 034 ***550.00

DOCUMENT # P98000101549

1. Entity Name

VOYAGER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5610 PALM PINES
 FT. PIERCE FL 34951

513 HAMILTON AVE
 NEW CARLISLE OH 45344-1546
 US CARLISLE

741038

2. Principal Place of Business

3. Mailing Address

5610 Palm Pines
 Suite, Apt. #, etc.
 FT Pierce

513 HAMILTON Ave
 Suite, Apt. #, etc.

City & State

City & State

FL
 Zip 34951 Country USA

New CARLISLE, OH
 Zip 45344 Country USA

FEI Number

31-1706-410

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMB, RICHARD
 1517 20TH STREET
 VERO BEACH FL 32960

Name

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

City

FL

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)

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST MUTSCHLER, RICH
 513 HAMILTON AVE
 NEW CARLISLE OH 45344

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST RICHARD MUTSCHLER
 513 HAMILTON AVE - 45344
 New CARLISLE, OH

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CARLISLE

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)