

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90146 039 ***150.00

DOCUMENT # P00000081809

1. Entity Name
YAMA TAIYO, INC.



Principal Place of Business
**2876 ALT 19 NORTH
PALM HARBOR FL 34683**

Mailing Address
**2876 ALT 19 NORTH
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3667329**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POMRUNG, SORASAK
1394 BURNT OAK STREET
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **LASAVATH SENGXAY**
Street Address (P.O. Box Number is Not Acceptable)
4926 31ST ST NORTH
City **ST PETERSBURG FL** Zip Code **33714**

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 *Senxay Lasavath*
Signature, typed or printed name of registered agent and title if applicable.

SENGXAY LASAVATH 01/15/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **POMRUNG, SORASAK**
STREET ADDRESS **1394 BURNT OAK STREET**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **LASAVATH, SENGXAY**
STREET ADDRESS **4926 31ST ST NORTH**
CITY-ST-ZIP **ST PETERSBURG, FL 33714**

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

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CITY-ST-ZIP

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.

(727) 942-3351

SIGNATURE:

Senxay Lasavath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SENGXAY LASAVATH, PRES

01/15/03

Date Daytime Phone #

CR2E034 (10/02)