

Page 122

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AT

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

9/12/2003-90089-049-\$150.00-\$150.00

DOCUMENT # P02000086332

1. Entity Name  
VALLEY BOYZ INC



Principal Place of Business  
6826 WOODSMAN DR  
WESLEY CHAPEL FL 33544

Mailing Address  
6826 WOODSMAN DR  
WESLEY CHAPEL FL 33544

FILED

03 OCT 16 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied for

☒ 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

TOWNSEND, LOUISE G  
6826 WOODSMAN DRIVE  
WESLEY CHAPEL FL 33544

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Louise Townsend

9-5-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
TOWNSEND, LOUISE G  
6826 WOODSMAN DRIVE  
WESLEY CHAPEL FL 33544 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: Louise Townsend

9-5-03

CR2E034 (4/03)

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Attachment

90156501

PO2000086332

Sept 5 2003

To Whom It may Concern:

This is the first Report that I have received. I would like to have the penalty waived as this is also the first year that I have had to file. I did not realize I was missing the report. The Corp has not been engaged in any Business so far but I would like to keep it active as we are now about ready to start up

Thank you

Louise Townsend