

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90170 047 \*\*\*150.00

0010603 AT

**DOCUMENT # P02000131639**

1. Entity Name

**YAMPA VALLEY, INC.**



Principal Place of Business  
**2612 WOODWIND HILLS LANE  
LAKE LAND FL 33813**

Mailing Address  
**2612 WOODWIND HILLS LANE  
LAKE LAND FL 33813**

2. Principal Place of Business

**5365 N. Socrum Loop Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**LAKE LAND FL**

City & State

Zip

**33809**

Country

**USA**

Country

4. FEI Number

**55-0814434**

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

**CZACHOWSKI, JOSEPH L  
2612 WOODWIND HILLS LANE  
LAKE LAND FL 33813**

7. Name and Address of New Registered Agent

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete  
**D  
CZACHOWSKI, JOSEPH L  
2612 WOODWIND HILLS LANE  
LAKE LAND FL 33813**

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

☐ Delete  
**D  
CZACHOWSKI, KAREN J  
2612 WOODWIND HILLS LANE  
LAKE LAND FL 33813**

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

☐ 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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☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

**Karen J Czachowski**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.20.03**

Date

**863-644-0781**

Daytime Phone #

CR2E034 (10/02)