

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

007045 AT

DOCUMENT # A28781

1. Entity Name  
SYBELIA INVESTMENT, LTD.



FILED  
03 MAY 30 PM 12:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
7877 MCKEOWN MILL RD.  
SNEADS FL 32460

Mailing Address  
P.O. BOX 280  
SNEADS FL 32460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2968134

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

OVERSTREET, TROY E  
7877 MCKEOWN MILL RD.  
SNEADS FL 32460

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.

DATE

9. Capital Contributions  
as Shown on record.

\$13,371.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME OVERSTREET, TROY E.  
STREET ADDRESS 7877 MCKEOWN MILL RD.  
CITY-ST-ZIP SNEADS FL 32460

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME OVERSTREET, SARA JAIN  
STREET ADDRESS 7877 MCKEOWN MILL RD.  
CITY-ST-ZIP SNEADS FL 32460

STREET ADDRESS  
CITY-ST-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/03 850-593 3371  
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE