

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52757

1. Entity Name

BYBLOS DEVELOPMENT, INC.

Principal Place of Business

9421 S.O.B.T.  
SUITE #18  
ORLANDO FL 32837

Mailing Address

9421 S.O.B.T.  
SUITE #18  
ORLANDO FL 32837

2. Principal Place of Business

7594 WEST SAND LAKE RD  
Suite, Apt. #, etc.

3. Mailing Address

7594 WEST SAND LAKE RD  
Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

Zip

32819

Country

ORANGE

4. FEI Number

59-2762688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JEBAILY, JOSEPH  
9421 S.O.B.T.  
SUITE #18  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

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

7594 WEST SAND LAKE ROAD

City

ORLANDO

FL

Zip Code

32819

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)*  
Signature, typed or printed name of registered agent, and fee if applicable.

JOSEPH S. JEBAILY PRESIDENT

4-25-01

(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, 2001 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

TITLE D  
NAME JEBAILY, JOSEPH  
STREET ADDRESS 9421 SO. OBT SUITE #18  
CITY-ST-ZIP ORLANDO FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE JEBAILY, JOSEPH S.  
NAME JEBAILY, JOSEPH S.  
STREET ADDRESS 7594 WEST SAND LAKE ROAD  
CITY-ST-ZIP ORLANDO FL 32819

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JOSEPH S. JEBAILY

4-25-01

407-226-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90312 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)