FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 015 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000108181

1. Entity Name
BYBEE, INC.

70054005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11141 US 19 NORTH	PO BOX 8433
Suite, Apt. #, etc. 205	Suite, Apt. #, etc.
City & State CLEARWATER FL	City & State SEMINOLE, FL
Zip 33764 Country USA	Zip 33775 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1042641 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID BYBEE

Street Address (P.O. Box Number is Not Acceptable) 14513 MARK DRIVE

City LARGO FL Zip Code 33774

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 Dan Bybee 4-28-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	DAVID BYBEE
STREET ADDRESS	PO BOX 8433 / 14513 MARK DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	VP/S
NAME	AMY MCFARUN
STREET ADDRESS	PO BOX 8433 / 14513 MARK DRIVE
CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	T
NAME	JAMES MCFARUN
STREET ADDRESS	14513 MARK DRIVE
CITY-ST-ZIP	LARGO, FL 33774
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dan Bybee 4-28-03 (727) 573-7724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #