

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

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90549 040 ***158.75

DOCUMENT # **P93000078789**

1. Entity Name

EDWIN LYBASS AND ASSOC. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11835 E. Blue Cove Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Zip

34432

Country

US

Country

4. FEI Number

65-0448169

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Lybass, Edwin G.

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

11835 ~~Dunnellon~~ E. Blue Cove Dr.

City

Dunnellon

FL

Zip Code

34432

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-1-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
Lybass, Edwin G.
11835 E. Blue Cove Dr.
Dunnellon, FL 34432**

TITLE
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CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-1-02

Daytime Phone #

**(561) 445-
1508**

*Attachment
Dott
P930000 787 89*

BD121058

**Edwin Lybass & Associates Inc.
11835 E. Blue Cove Drive
Dunnellon, Florida 34430**

July 1, 2002

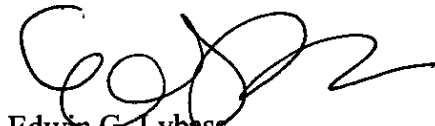
State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2002 Uniform Business Report

To Whom It May Concern:

I recently became aware that my corporation did not file a 2002 Uniform Business Report. The reason for this oversight was that I we did not receive the Uniform Business Report filing form / application from the State. Attached you will find downloaded forms and the required application renewal fee. I appreciate your attention to this matter. Should you have any questions you may reach me at (352) 489-3287 or directly on my cellular phone at (561) 445-1508. Thanking you in advance for your assistance.

Sincerely yours,


Edwin G. Lybass
President

enclosures