

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90141 023 ***150.00

DOCUMENT # P97000025367

1. Entity Name
SYBIL, INC.



Principal Place of Business
1616 OCEAN DRIVE APT 405
VERO BEACH FL 32963

Mailing Address
1616 OCEAN DRIVE APT 405
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

6985 57th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

Zip

Country

Zip

Country

32967

USA

4. FEI Number **59-3451917**

Applied For

Not Applicable

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

HERAN, WILLIAM M
1616 OCEAN DR APT 405
VERO BEACH FL 32963

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HERAN, WILLIAM M	
STREET ADDRESS	1616 OCEAN DRIVE APT 405	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERAN, VIVIANNE S	
STREET ADDRESS	1616 OCEAN DRIVE APT 405	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPF	<input checked="" type="checkbox"/> Delete
NAME	HERAN, GLRNN	
STREET ADDRESS	1616 OCEAN DR #405	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	HERAN, DEAN	
STREET ADDRESS	1616 OCEAN DR #405	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Heran, Glenn	
STREET ADDRESS	6985 57th St	
CITY-ST-ZIP	Vero Beach, FL 32967	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Heran

Inc VP

2/23/03

(772) 770-6424

Date

Daytime Phone #