REC'D RIDOS BSD
'24 JUN 26 PM2:38:19

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001667590	Byblos Development, Inc

3. Principal Office Address	City	State	Zip
3700 34th Street Ste 300	Orlando	FL	32805

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	Deal in & with Real Property RI DOS MADE EDITS PER FILER
5. State of Incorporation: Florida	SM

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Joseph JeBailey	3700 34th Street Ste 300	Orlando	FL	32805

Vice-President Name	Street Address	City	State	Zip
A. Tom Harrb	3700 34th Street Ste 300	Orlando	FL	32805

Secretary Name	Street Address	City	State	Zip
Jana JeBailey	3700 34th Street Ste 300	Orlando	FL	32805

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Raquel Robinson	3700 34th Street Ste 300	Orlando	FL	32805

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
7500	STK	1

11. This report must be executed on behalf of the corporation by an authonzed representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
Raquel Robinson	6/26/24

Signature of Authorized Representative

FILED
JUN 26 2024
BY DCRVI
AA. 2:40 PM.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023