



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

REC'D RIDOS BSD
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1. Entity ID Number 001667590		2. Exact name of the Corporation Byblos Development, Inc			
3. Principal Office Address 3700 34th Street Ste 300			City Orlando	State FL	Zip 32805
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island <i>DEAL in & with real property RI DOS MADE EDITS PER FILER</i>			
5. State of Incorporation Florida		<i>SN</i>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph JeBailey			Vice-President Name A. Tom Harrb		
Street Address 3700 34th Street Ste 300			Street Address 3700 34th Street Ste 300		
City Orlando	State FL	Zip 32805	City Orlando	State FL	Zip 32805
Secretary Name Jana JeBailey			Treasurer Name		
Street Address 3700 34th Street Ste 300			Street Address		
City Orlando	State FL	Zip 32805	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raquel Robinson			Director Name		
Street Address 3700 34th Street Ste 300			Street Address		
City Orlando	State FL	Zip 32805	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		7500	STK	1	
11. This report must be executed on behalf of the corporation by an authorized 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. <i>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.</i>					
Name of Authorized Representative <i>Raquel Robinson</i>				Date <i>6/26/24</i>	
Signature of Authorized Representative <i>[Signature]</i>				FILED	

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

JUN 26 2024
BY *DCRVI*
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