

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90313 008 \*\*\*\*50.00

**DOCUMENT # M02000002076**

1. Entity Name

**BYL SERVICES, LLC**



Principal Place of Business

**1230 AMERICAN BOULEVARD  
WEST CHESTER PA 19380**

Mailing Address

**1230 AMERICAN BOULEVARD  
WEST CHESTER PA 19380**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-3049285**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE **MGR**  
NAME **BRITT, JERRY** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  
NAME **SLIWINSKI, KAREN** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  
NAME **SHAUGHNESSY, JAMES J JR.** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  
NAME **HEFT, JEFFREY P** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  
NAME **HOWARD, RYAN M** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGR**  
NAME **KALB, DONALD R** ☐ Delete  
STREET ADDRESS **1230 AMERICAN BOULEVARD**  
CITY-ST-ZIP **WEST CHESTER PA 19380**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

*Jerry Britt* **REQUIRED**  
**JERRY BRITT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-10-03**

Date

**610-842-8110**

Daytime Phone #

CR2E083 (10/02)