

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001282

1. Entity Name  
IBIS SECURITIES, LLC

FILED

01 JAN 16 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2950 BUSKIRK AVENUE, SUITE 165  
WALNUT CREEK CA 94596

Mailing Address

2950 BUSKIRK AVENUE, SUITE 165  
WALNUT CREEK CA 94596

2. Principal Place of Business

2950 Buskirk Ave.

3. Mailing Address

2950 Buskirk Ave.

Suite, Apt. #, etc.

Suite 165

Suite, Apt. #, etc.

Suite 165

City & State

Walnut Creek, CA

City & State

Walnut Creek, CA

Zip

94596

Country

US

Zip

94596

Country

USA

4. FEI Number

68-0348706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

N/A

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
IBIS SECURITIES, LLC  
2950 BUSKIRK AVE., STE. 165  
WALNUT CREEK CA 94596 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Kenneth R. Martin  
2950 Buskirk Ave, Ste 165  
Walnut Creek, CA 94596 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
000003567970--3  
-01/23/01--01074--029  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

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

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

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:

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

Date

Daytime Phone #

U314930

CR2E083 (11/00)