

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002709

1. Entity Name

ISCO INDUSTRIES, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

460 Fife Road

P.O. Box 4545

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mulberry FL

Louisville KY

Zip

Country

Zip

Country

33860

USA

40204

USA

4. FEI Number

61-0600157

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

7. Name and Address of New Registered Agent

CT Corporation System  
441 Vine Street - Team 1  
Cincinnati, OH 45202

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.

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

10. ADDITIONS/CHANGES

TITLE: President  
NAME: James J Kirchdorfer Jr.  
STREET ADDRESS: 6405 Orchid Hill Pl  
CITY-ST-ZIP: Louisville KY 40207

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

TITLE: vice-president  
NAME: Mark Kirchdorfer  
STREET ADDRESS: 8417 Oxford Woods Ct  
CITY-ST-ZIP: Louisville KY 40222

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

TITLE: James J Kirchdorfer Sr.  
NAME:   
STREET ADDRESS: 435 Knightsbridge Rd  
CITY-ST-ZIP: Louisville KY 40204  
chairman

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

TITLE:   
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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 #

Debbie Guthrie

2/23/01

(502)583-6591

CR2E083 (11/00)