

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0070450

FILED

03 FEB 25 PM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000663

1. Entity Name

IOS CAPITAL, LLC



Principal Place of Business

1738 BASS ROAD
MACON GA 31710

Mailing Address

1738 BASS ROAD
MACON GA 31710

2. Principal Place of Business

1738 Bass Rd

3. Mailing Address

1738 Bass Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Macon GA

City & State

Macon GA

Zip

31710

Country

USA

Zip

31710

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

23-2493042

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 re-registering)

DATE

no change 2/20/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SHENKMAN, ARLEN R
STREET ADDRESS 70 VALLEY STREAM PARKWAY
CITY-ST-ZIP MALVERN PA 19355

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000013090040
02/25/03--01034--023 **55.00

☐ Change ☐ Addition

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☐ 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

2/20/03

Date

Daytime Phone #

CR2E083 (10/02)