

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 06030**

1. Entity Name

MARCO, LTD

Principal Place of Business

Mailing Address

A06030

2. Principal Place of Business

17186 NW 87TH AVE RD

3. Mailing Address

17186 NW 87TH AVE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
REDDICK, FL

City & State
REDDICK, FL

4. FEI Number

59-1776578

Applied For

Not Applicable

Zip
32686-2627

Country
USA

Zip
32686-2627

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY R MARSH
3240 SW 34TH STREET #809
Ocala, FL 34474-7438

7. Name and Address of New Registered Agent

Name **LARRY R. MARSH**
Street Address (P.O. Box Number is not acceptable)
17186 NW 87TH AVE. ROAD
City **REDDICK** FL **32686-2627**

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

9. Capital Contributions as Shown on record

49000

10. Amount of Capital Contributions in FLORIDA to date

49000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME **LARRY R MARSH**
STREET ADDRESS **17186 NW 87TH AVE RD**
CITY-ST-ZIP **REDDICK, FL 32686-2627**

DOCUMENT #
NAME **ADM**
STREET ADDRESS **400.00**
CITY-ST-ZIP

DOCUMENT #
NAME **AR**
STREET ADDRESS **343.00**
CITY-ST-ZIP **AR Supp 88.75**

DOCUMENT #
NAME
STREET ADDRESS **831.75**
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
200003428712--6
CITY-ST-ZIP
-10/18/00--01060--004
******431.75 ****431.75**

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
200003428712--6
CITY-ST-ZIP
-10/18/00--01060--005
******400.00 ****400.00**

STREET ADDRESS
CITY-ST-ZIP
4/20

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LARRY R MARSH

Date

Daytime Phone #

9-19-00 32622-8058

FILED

00 SEP 20 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)