

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008006

1. Entity Name  
MARCO DEVELOPMENT, LLC

Principal Place of Business  
1061 S. BARFIELD DRIVE  
MARCO ISLAND FL 34145

Mailing Address  
1061 S. BARFIELD DRIVE  
MARCO ISLAND FL 34145

FILED

01 MAR 12 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2205193

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IVASHKOV, VLADIMIR  
1061 S. BARFIELD DR.  
MARCO ISLAND FL 34145

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 NAME MGR ROJKOV, PAVEL  
STREET ADDRESS 1225 RIVER ROAD APT. 2B  
CITY-ST-ZIP EDGEWATER NJ 07020 ☐ Delete

TITLE NAME MGRM SAPOZHNIKOV VLADIMIR  
STREET ADDRESS 1225 RIVER ROAD, AP. # 4A  
CITY-ST-ZIP EDGEWATER, NJ 07020 ☐ Change ☒ Addition

TITLE NAME MGRM IVASHKOV, VLADIMIR  
STREET ADDRESS 1061 S. BARFIELD DR.  
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE 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 REQUIRED

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

Date

Daytime Phone #

02/23/2001

0021383 AF

CR2E083 (11/00)