

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015978 AF

DOCUMENT # L00000011277

1. Entity Name

UNIT ONE HOLDING CO., LLC

Principal Place of Business

355 N.E. 5TH AVENUE, UNIT #1  
DELRAY BEACH FL 33483

Mailing Address

355 N.E. 5TH AVENUE, UNIT #1  
DELRAY BEACH FL 33483

FILED

01 MAR 15 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEALE, DAVID A ESQ.  
DAVID A. BEALE, P.A.  
172 NORTHEAST SECOND AVENUE  
DELRAY BEACH FL 33444

*change address* →

7. Name and Address of New Registered Agent

Name *Beale, David A.*

Street Address (P.O. Box Number is Not Acceptable)

*355 N.E. 5th Avenue*

*Unit #1*

City *Delray Beach*

FL

Zip Code *33483*

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 ☐ Delete  
MGRM BEALE, DAVID A  
STREET ADDRESS 172 N.E. 2ND AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE NAME ☐ Delete  
MGRM MCGLOIN, RICHARD A  
STREET ADDRESS 2275 N. SWIMTON AVE.  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 355 N.E. 5th Avenue, Unit #1  
CITY-ST-ZIP Delray Beach, FL 33483

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003891483-4  
CITY-ST-ZIP -03/21/01--90654022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 800003891758-1  
CITY-ST-ZIP -03/22/01--01009-022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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 #

*March 1, 2001*

*(561) 243-1477*

CR2E083 (11/00)