

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000770

1. Entity Name  
M.H.P. GROUP ONE, L.C.

Principal Place of Business  
2251 N. FEDERAL HWY.  
FT. PIERCE FL 34948

Mailing Address  
~~12110 SEMINOLE BLVD.~~  
~~LARGO FL 33778~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 517

Suite, Apt. #, etc.

City & State  
Zephyrhills, FL

Zip  
33539-0517

Country

4. FEI Number 65-0773053

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DAMONTE, JONATHAN JAMES~~  
~~12110 SEMINOLE BLVD.~~  
~~LARGO FL 33778~~

7. Name and Address of New Registered Agent

Name John E. Henson, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
38145 Fifth Avenue  
Zephyrhills  
City FL Zip Code 33541-4974

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 *John E. Henson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/2001

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR  
NAME DANIEL WOODS  
STREET ADDRESS 14859 MOORPARK, APT. #101  
CITY-ST-ZIP SHERMAN OAKS CA 91402

TITLE  
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CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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: *X Daniel Woods* X2-23-01 782-0580  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 MAR -1 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)