

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90001 037 *****50.00

DOCUMENT # L97000000770

1. Entity Name

M.H.P. GROUP ONE, L.C.

Principal Place of Business

**2251 N. FEDERAL HWY.
 FT. PIERCE FL 34946**

Mailing Address

**P.O. BOX 517
 ZEPHYRHILLS FL 33539-0517**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

**HENSON, JOHN E CPA
 38145 FIFTH AVENUE
 ZEPHYRHILLS FL 33541-4974**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
 NAME **20239 Wynfreed Lane**
 STREET ADDRESS **North Ridge, CA 91326**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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.

813

SIGNATURE: *[Signature]*

SIGNATURE REQUIRED

DANIEL WOODS *[Signature]* **782-0580**

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

Date

Daytime Phone #

CR2E083 (9/01)