2000 UNIFORM BUSINESS REPORT (UBR) 9/13/00-90050-020-\$61.25-\$61.25 DOCUMENT # N9600001007 1. Entity Name THE AFFORDABLE HOME CENTER, INC. FILED Principal Place of Business Mailing Address 00 OCT -5 PM 12: 46 200 E. COMMERCIAL ST. 200 E. COMMERCIAL ST. SUITE 3 SUITE 3 SECRETARY OF STATE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3381225 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent:-Street Address (P.O. Box Number is Not Acceptable) HILLIMAN, MARY L 200 E. COMMERCIAL ST. SUITE 3 Zip Code City SANFORD FL 32771 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ED TITLE ☐ Change TITLE ☐ Delete NAME HILLIMAN, MARY L MALKE **CR2E037** STREET ADDRESS SYREET ADDRESS 200 E. COMMERICAL ST. #3 CXTY-27-ZVP CITY-ST-ZIP SANFORD FL 32771 Addition TITLE STD Delete TITLE BIANKenship Change KETHA GRAHAM, LATESA NAME NAME IRECTOR STREET ADDRESS 120 COUNTRY_CLUB.DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ■ Addition ☐ Change TITLE ☐ Defete TITLE MARKE DIETRICH - DORIS M -NAME STREET ADDRESS STREET ADDRESS 204 TANGERINE DR. CITY-ST-ZIP CITY-ST-ZIE SANFORD FL 32771 ☐ Change Addition TITLE Defete TITLE GERI JOKDAN BROHAN, ROBERT NAME NAME SANFORD F STREET ADDRESS MARY BIND STREET ADDRESS 200 E. COMMERCIAL ST. #3 CITY-ST-ZIP CITY-ST-7IP SANFORD FL 32771 ☐ Change ☐ Addition TITLE Delete TITLE DIRECTOR LAURIE BLAIR

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

2422 MARS hall AUE

☐ Addition

☐ Change

Doris M. Dieteck 9/11/00 SIGNATURE: Daytime Phone #

NATHAN, HERMAN

SANFORD FL 32773

203 W 26TH ST

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP