

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001007

FILED
Mar 07, 2002 8:00 AM
Secretary of State

Entity Name: THE AFFORDABLE HOME CENTER, INC.

Current Principal Place of Business:

800 S FRENCH AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

800 S FRENCH AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3381225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATHAN, ALFREDA
800 S FRENCH AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

HILLIMAN, MARY L EX DIR
800 S FRENCH AVE
SANFORD, FL 32771 US

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: MARY L HILLIMAN

03/07/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: NATHAN, ALFREDA
Address: 800 S FRENCH AVE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: BLANKENSHIP, RETHA
Address: 110 E. FIRST ST
City-St-Zip: SANFORD, FL 32771

Title: P () Delete
Name: DIETRICH, DORIS M
Address: 204 TANGERINE DR.
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: JORDAN, GERI
Address: 820 W. LAKE MARY BLVD
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: BLAIR, LAURIE
Address: 2422 MARSHALL AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: HILLIMAN, MARY L ED
Address: 800 S FRENCH AVE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY L HILLIMAN

ED

03/07/2002

Electronic Signature of Signing Officer or Director

Date