

2001
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90404 049 ***150.00

C0055088

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000043028

1. Entity Name

VALUE CLUB, INC.

Principal Place of Business

Mailing Address

8567 WEST GULF BLVD
 TREASURE ISLAND, FL
 33706

2. Principal Place of Business

3. Mailing Address

5535 110TH AVE N, #
 Suite, Apt. #, etc.
 Q205

5535 110TH AVE N
 Suite, Apt. #, etc.
 Q205

City & State
 PINELLAS PARK, FL

City & State
 PINELLAS PARK, FL

4. FEI Number
 59-3611179

Applied For
 Not Applicable

Zip
 33782

Country
 USA

Zip
 33782

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS BARDEL
 8567 WEST GULF BLVD
 TREASURE ISLAND, FL 33706

Name -
 Street Address (P.O. Box Number is Not Acceptable)
 5535 110TH AVE N, Q205
 City PINELLAS PARK FL Zip Code 33782

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 *JH R DL*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-19-00
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS BARDEL	
STREET ADDRESS	8567 WEST GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWN BARDEL	
STREET ADDRESS	8567 WEST GULF BLVD	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5535 110TH AVE N, Q205	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5535 110TH AVE N. Q205	
CITY-ST-ZIP	PINELLAS PARK, FL 33782	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JH R DL*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01
 Date

Daytime Phone #

CR2E034 (9/99)