

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** PD00000080548**1. Entity Name**

Value Home Center, Inc.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91341 007 \*\*\*150.00

**Principal Place of Business**1551 S. Suncoast Blvd.  
Homosassa, FL 34448**Mailing Address**1551 S. Suncoast Blvd  
Homosassa, FL 34448

00054294

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State****City & State****4. FEI Number**

59-3666171

**Applied For****Not Applicable****Zip****Country****Zip****Country****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**Spiegel & Utrera, P.A.  
343 Almeria Ave.  
Coral Gables, FL 33134**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****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, 2001 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** P ☐ Delete  
**NAME** Nast, Kevin  
**STREET ADDRESS** 4564 SW 44th Lane/P.O. Box 6868  
**CITY-ST-ZIP** Ocala, FL 34478**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Delete  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/01

Date

352-564-1617

Daytime Phone #

CR2E034 (11/00)