

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90621 010 \*\*\*150.00

**DOCUMENT # P94000061266**

1. Entity Name

**THERE'S NO PLACE LIKE HOME INC.**

Principal Place of Business

Mailing Address

1701-C DOYLE RD  
 DELTONA FL 32725  
 US

1701-C DOYLE RD  
 DELTONA FL 32725  
 US

2. Principal Place of Business

3. Mailing Address

**70-A Hwy 17-92**  
 Suite, Apt. #, etc.

**70-A Hwy 17-92**  
 Suite, Apt. #, etc.

City & State

City & State

**DEBARY, FLORIDA**

**DEBARY, FLORIDA**

Zip

Country

Zip

Country

**32713**

**USA**

**32713**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HILBERT, STEPHEN A**  
**159 AZALEA RD**  
**DEBARY FL 32713**

Name

**HILBERT, STEPHEN A**

Street Address (P.O. Box Number is Not Acceptable)

**50 SPRUCE LANE**

City

**DEBARY, FL**

**FL**

Zip Code

**32713**

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 Stephen A. Hilbert **STEPHEN A. HILBERT - PLEASE CHANGE ABOVE ADDRESSES**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **02-01-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILBERT, STEPHEN A.</b> <b>159 AZALEA RD</b> <b>DEBARY FL 32713</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HILBERT, STEPHEN A</b> <b>50 SPRUCE LANE</b> <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ADDRESS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Stephen A. Hilbert **STEPHEN A. HILBERT** **02-01-01** **407 668-6112**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)