

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90264 036 ***150.00

DOCUMENT # J18876

1. Entity Name

THE ATHENA GROUP INC.

Principal Place of Business

5522 NW 43RD ST
 STE B
 GAINESVILLE FL 32653
 US

Mailing Address

% LORI G. TAYLOR
 3424 N.W. 31ST STREET
 GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2724492**

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

TAYLOR, LORI G.
3424 N.W. 31ST STREET
GAINESVILLE FL 32605

Name

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

City

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)

(NOT for Registered Agent signature required when registering)

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 \$500.00
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	V	☐ Delete
NAME	TAYLOR, LORI G.	
STREET ADDRESS	3424 NW 31ST ST	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	P	☐ Delete
NAME	TAYLOR, FREDRICK J.	
STREET ADDRESS	3424 N.W. 31ST STREET	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE	VST	☐ Delete
NAME	MURPHY, MONICA	
STREET ADDRESS	2844 NW 32ND ST	
CITY-STATE-ZIP	GAINESVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	C	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	ST	☐ Change ☒ Addition
NAME	Janet D. Rodel	
STREET ADDRESS	4310 NW 18th Pl.	
CITY-STATE-ZIP	Gainesville, FL 32605	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Monica AB Murphy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MonicaAB Murphy

03/12/01

352/371-2567

Date

Deputy Secretary

CR2E034 (10/00)