2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F46734 **DOCUMENT #**

1. Entity Name

PALLAS-ATHENA INTERNATIONAL, INC.



May 01, 2003 8:00 am Secretary of State 05-01-2003 90329 030 ***150.00

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Principal Place of Business 2051 ART MUSEUM DR #140 JAX FL 32207 US		Mailing Address 2000-1 HENDRICKS AVE #76 JACKSONVILLE FL 32207 US								
2. Principal F	Place of Business	3. Maili	ng Address				#	ii bidi bibii bib		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State			4. FEI	4. FEI Number 59-2660660			plied For t Applicable	
Zip	Country	Zip		Country		5. Cer	tificate of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered	i Agent			7. Nan	ne and Address of New R			
WEINBAUM, STEPHEN J. ESQUIRE 204 WASHINGTON STREET JACKSONVILLE FL 32202					et Address (F	P.O. Box	Number is Not Acceptable	· · · · · · · · · · · · · · · · · · ·		
G/ IS/(OS/)	WIELE I E GEEGE			City				FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpo	se of changing its reg	gistered offic	e or registere	ed agent,	, or both, in the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applic	cable. (NOTE: Re	egistered Agent s	ignature required	when reinsta	ating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Final Trust Fund Contribution		\$5.0 Added	May Be to Fees
10.	OFFICERS AND I	DIRECTOR	s	11.		ADDIT	NONS/CHANGES TO OFFI	CERS AND D	IRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MONCRIEF, KEN M. 2051 ART MUSEUM DR #140 JACKSONVILLE FL 32207		Delete .	TITLE NAME STREET ADDRE CITY-ST-ZIP	ess			[_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONCRIEF, SHIRLEY J. 2051 ART MUSEUM DR #140 JACKSONVILLE FL 32207		☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				_ Change	Addition
TITLE*** _ NAME STREET ADDRESS CITY-ST-ZIP	ಶ್ವಿಗ್ಯ ಚಿತ್ರಗಳು ಗ್ರಹಿಸಿದ್ದು ಕಿನ್ನಡ	· · ¯ <u> -</u>	-> Delete	NAME STREET ADDRE				a[Change,	Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: