FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91150 048 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L17765

1. Entity Name
ATHEY & COMPANY. INC

DO NOT WRITE IN THIS SPACE

000040

2. Principal Place of Business	3. Mailing Address
427 Lake Howell Rd.	567 WATERSCAPE WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MAITLAND FL	City & State: ORLANDO FL
Zip: 32751 Country: Seminole	Zip: 32828 Country: ORANGE

DO NOT WRITE IN THIS SPACE

4. FEI Number 592968037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL S. Athey
Street Address (P.O. Box Number is Not Acceptable): 567 WATERSCAPE WAY
City: ORLANDO **FL** Zip Code: 32828

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] 4-30-02
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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT	TITLE	
NAME	MICHAEL S. Athey	NAME	
STREET ADDRESS	567 WATERSCAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	CITY-ST-ZIP	
TITLE	SEC/TREAS	TITLE	
NAME	Leisa R Athey	NAME	
STREET ADDRESS	567 WATERSCAPE WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 407-673-1722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #