

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90321 009 ***150.00

553238

DO NOT WRITE IN THIS SPACE

DOCUMENT # M73402																								
1. Entity Name Athena Development Corp																								
Principal Place of Business 2141B Dobbs Rd St Augustine FL 32086		Mailing Address P.O. Drawer 129 Elkton FL 32033																						
2. Principal Place of Business 2141B Dobbs Rd Suite, Apt. # etc.		3. Mailing Address P.O. Drawer 129 Suite, Apt. #, etc.																						
City & State St Augustine FL 32086		City & State Elkton FL 32033																						
Zip Country		Zip Country																						
4. FEI Number 59-2876034		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent Patricia K. Jennings 2141B Dobbs Rd St Augustine FL 32086		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																								
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		FILE NOW!! After MAY 1, 2001 Fee IS \$150.00 Fee will be \$550.00 Make Check Payable to Department of State																						
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.																								
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																						
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CR2E034 (11/00)

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 no 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 another like empowered.

SIGNATURE: 04-27-01 904-824-8814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR