## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000004629

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 336063813

( ) Delete

FILED Jan 22, 2003 Secretary of State

Entity Nai	me: ATHE	NA CAPITAL PARTNERS, I	NC.					
Current Principal Place of Business:				New Principal Place of Business:				
86 LADOG TAMPA, F				86 LADOG SUITE 110 TAMPA, FL	0			
Current Mailing Address:				New Mailing Address:				
86 LADOGA AVE. TAMPA, FL 33606				86 LADOGA AVE. SUITE 1100 TAMPA, FL 33606				
FEI Number:	: 59-3695720	FEI Number Applied For (	) FEI Nun	nber Not Appl	icable ( )	Certificate	e of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
	BA AVE. L 33606	US tity submits this statement fo	r the purpose o	f changing i	ts registered	d office or re	gistered age	nt, or both,
SIGNATU	RE:							
Electronic Signature of Registered Ager				Date				
	mpaign Finar S AND DIR	ncing Trust Fund Contribution(	).	ADDITION	S/CHANGE	ES TO OFFI	CERS AND	DIRECTORS
Title: Name: Address: City-St-Zip:	CEOT HENLEY, F 8160 COW SARASOTA			Title: Name: Address: City-St-Zip:	PSD WEISS, LIS 86 LADOGA TAMPA, FL	AVENUE	) Addition	
Title: Name: Address: City-St-Zip:	D HENLEY, F 8160 COW SARASOTA			Title: Name: Address: City-St-Zip:		(X) Change( OOULAS J MARK DRIVE ER, FL 33761		
Title: Name: Address:	PSD WEISS, LIS 86 LADOG			Title: Name: Address:	D WEISS, ROI 86 LADOGA		) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33606 US

TAMPA, FL 33609 US

4811 W. BEACHWAY DRIVE

CIMINO, KEVIN T

( ) Change (X) Addition

SIGNATURE: LISA R. WEISS Ρ 01/22/2003