


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90105 048 \*\*\*150.00

**DOCUMENT # P94000051132**

1. Entity Name  
**ATHENA INFORMATION SERVICES, INC.**



Principal Place of Business  
**100 WASHINGTON ST.  
MINNEOLA, FL 34755**

Mailing Address  
**297 W ARTEIS STREET  
MINNEOLA, FL 34755 US**

2. Principal Place of Business  
**297 W. ARTESIA 56.**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 621888**  
Suite, Apt. #, etc.

City & State  
**OVIEDO, FL**

City & State  
**OVIEDO, FL**

Zip  
**32765** Country  
**USA**

Zip  
**32762-1888** Country  
**USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**TOMLINSON, MARK D  
100 WASHINGTON ST.  
MINNEOLA, FL 34755**

4. FEI Number  
**65-0507894** Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**14212 WINTERSET DR.**  
City  
**ORLANDO** FL Zip Code  
**32832**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TIMOTHY OLSON** *Timothy E. Olson* DATE **2/5/2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	OLSON, TIMOTHY E	1005 HORTON CT.	OVIEDO, FL 32765	<input type="checkbox"/>
D	TOMLINSON, MARK D	P.O. BOX 650 N/A	MINNEOLA, FL 34755	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>297 W. ARTESIA ST.</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>14212 WINTERSET DR.</b>	<b>ORLANDO, 32832-6516</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **TIMOTHY OLSON** *Timothy E. Olson* DATE **2/5/2003** 407-366-9133

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)