

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9700000 8833**

1. Entity Name
ATHENA HOLDINGS, INC.

FILED

00 NOV 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address **SAME**
316 N. JOHN YOUNG PKWY STE 13
KISSIMMEE, FL 34741

2. Principal Place of Business 3. Mailing Address
316 N. JOHN YOUNG PKWY **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 13
City & State City & State
KISSIMMEE, FL
Zip Country Zip Country
34741 OSCEOLA

DO NOT WRITE IN THIS SPACE

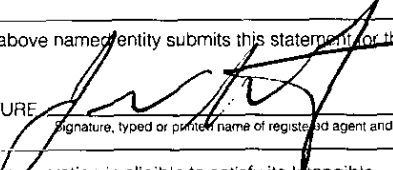
4. FEI Number **59-3423062** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
JOHN SCHWARTZ
316 N. JOHN YOUNG PKWY STE 13
KISSIMMEE, FL 34741

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRES
STREET ADDRESS	CELESTEL BARNES
CITY-ST-ZIP	316 N. JOHN YOUNG PKWY STE 13
	KISSIMMEE, FL 34741
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	700003462767--2
	-11/14/00-01039--004
	*****61.25 *****61.25
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CELESTE L. BARNES

11/1/00 **407 931 2886**
Date Daytime Phone #

CR2E034 (9/99)