

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094165
Entity Name
ATHENA LEATHER DESIGNS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State
03-07-2000 90084 033 ***150.00

Principal Place of Business
PAR LANE
TALLAHASSEE FL 32301

Mailing Address
2851B PAR LANE
TALLAHASSEE FL 32301-6868

C0033860



DO NOT WRITE IN THIS SPACE

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

4. FEI Number 59-3488276
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
PENDARAKIS, TANIA
2851B PAR LANE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	<div>PVTS PENDARAKIS, TANIA 2851-B PAR LANE TALLAHASSEE FL 32301</div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>
ADDRESS ST-ZIP	<div></div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>
ADDRESS ST-ZIP	<div></div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>
ADDRESS ST-ZIP	<div></div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>
ADDRESS ST-ZIP	<div></div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>
ADDRESS ST-ZIP	<div></div> <div>Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div></div> <div>Change Addition</div>

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: *Tania Pendarakis* 3/4/00 (850) 402 4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)