

FILED

Jul 31, 2003 8:00 am
Secretary of State

07-16-2003 90052 001 *****8.75

07-16-2003 90052 002 ***150.00

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

DOCUMENT # P98000046735

1. Entity Name
ATHENA, INC.Principal Place of Business
3719 TEESIDE DR
NEW PORT RICHEY FL 34655
USMailing Address
3719 TEESIDE DR
NEW PORT RICHEY FL 34655
US

55052971



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3522773

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOEFFLER, DORA
3719 TEESIDE DR
NEW PORT RICHEY FL 34655

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

SIGNATURE

Signature, types or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-11-03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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
D
LOEFFLER, DORA
3719 TEESIDE DR
NEW PORT RICHEY FL 34655 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03 727-372-9320

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

ATHENA

**3719 TEESIDE DRIVE
NEW PORT RICHEY, FLORIDA 34655
727-372-9320**

55052971

#P98000046735

July 11, 2003

RE: Document # P98000046735

FEI # 59-3522773

RE: Non-receipt of original notice.

To Whom It May Concern:

This letter is to notify you that I never received the first notice from the Florida Department of State, Division of Corporations, requesting payment of the \$150.00 fee.

I am therefore mailing this letter along with the Document # P98000046735, which is correct and which has been signed by me, and I am enclosing the original \$150.00 filing fee. I am also enclosing an additional fee of \$8.75 for a Certificate of Status.

Thank you.

Dora Loeffler

Dora Loeffler
3719 Teeside Dr
New Port Richey FL 34655
727-372-9320

7/24/03 I had called when I realized I had not included this letter and was told to just re-send when I got it back because of NO letter, which I am doing.

Dora Loeffler