2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P98000065415 Jul 31, 2000 8:00 am 1. Entity Name Secretary of State ATHENA BUILDING SERVICES, INC. 07-31-2000 90006 039 ***558.75 Principal Place of Business Mailing Address 8010 N. ATLANTIC AVE. #4 P.O. BOX 782 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 3. Mailing Address 2. Principal Place of Business 420 Mess ha Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3526840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KODITAC KOPITAS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 124 HARRISON AVE. CAPE CANAVERAL FL 32920 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Addition TITLE TITL F ☐ Delete KOPITAS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 126 HARRISON AVE CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 IS/AND.Fl 329 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.