

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067969

1. Entity Name

ATHENA INVESTMENTS OF ORLANDO, INC.

Principal Place of Business

Mailing Address

1816 SUE ANN ST.
ORLANDO FL 32817

1816 SUE ANN ST.
ORLANDO FL 32817-3935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3521230

Applied For

Not Applicable

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

SCHULTZ, RICHARD C
1816 SUE ANN ST.
ORLANDO FL 32817

Name DIMITRIOS MATSAKIS

Street Address (P.O. Box Number is Not Acceptable)

1816 SUE ANN ST

ORLANDO, FL

City

ORLANDO

FL

Zip Code 32817

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

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SCHULTZ, RICHARD C
STREET ADDRESS 1816 SUE ANN ST.
CITY-ST-ZIP ORLANDO FL 32817 ☒ Delete

TITLE PRESIDENT
NAME DIMITRIOS MATSAKIS
STREET ADDRESS 3008 S.M.V. BLVD
CITY-ST-ZIP ORLANDO, FL 32817 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

DATE

Daytime Phone #

FILED

Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90112 050 ***150.00



DO NOT WRITE IN THIS SPACE