2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90135 009 ***158.75

DOCUMENT P94000072834

1. Entity Name: N-317, INC

Principal Place of Business: 14850 N.W. 44th CT. #146 OPALOCKA, FL 33504

Mailing Address: 17211 QUEEN ANNE BRIDGE MITCHELLVILLE, MD 20716

A0047132

2. Principal Place of Business
Suite, Apt #, etc.: SAME
City & State: AS ABOVE
Zip | Country

3. Mailing Address: 17211 QUEEN ANNE BR.
Suite, Apt #, etc.
City & State: MITCHELLVILLE MD
Zip: 20716 | Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number | ☐ Applied For | ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ED BUSH & ASSOCIATES, PA
479 SEABROOK Rd.
TIEQUESTA, FL 33469

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

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, 2001 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	D/P
NAME	Donald Murphy
STREET ADDRESS / CITY-ST-ZIP	479 SEABROOK Rd, TEQUESTA, FL 33469

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (11/00)

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] 1-31-01 3056883290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR