

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000039610

1. Entity Name

N3M, INC.

Principal Place of Business

13121-A N DALE MABRY #101
TAMPA FL 33618
US

Mailing Address

1500 WORTHAM TOWER
2727 ALLEN PKWY
HOUSTON TX 77019-2115

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

58-2237935

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

MERCHANT, JOHNNIE
2410 W JETTON AVE
TAMPA FL 33629

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

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 MERCHANT, JOHNNIE
STREET ADDRESS 2410 W JETTON AVE
CITY-ST-ZIP TAMPA FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME NICKEL, BRUCE
STREET ADDRESS 19222 OAK VIEW TERR.
CITY-ST-ZIP HOUSTON TX 77094

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME SCHNAKENBERG, MICHAEL
STREET ADDRESS 3119 ROBINSON RD
CITY-ST-ZIP MISSOURI CITY TX 77459

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME MUNCHAK, MICHAEL
STREET ADDRESS 9155 SADDLEBOW DR
CITY-ST-ZIP BRENTWOOD TN 37027

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME MATTHEWS, BRUCE
STREET ADDRESS 3906 E. CREEK CLUB
CITY-ST-ZIP MISSOURI CITY TX 77459

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DTS
NAME FRANKE, DAVID
STREET ADDRESS 814 WYCLIFFE DR.
CITY-ST-ZIP HOUSTON TX 77079

☐ 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:

David M. Franke, Asst. Secretary, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00 (713) 529-9336

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90007 019 ***150.00

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DO NOT WRITE IN THIS SPACE