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

## **FILED** Jun 02, 2002 8:00 am Secretary of State

06-02-2002 90906 008 \*\*\*150 00

180 Degree Properties, Inc.			0000107586
	180	Degree	Properties, Inc.

180 Degree Properties.	Inc.				
DO NOT WRITE IN THIS SI	PACE				
2. Principal Place of Business 3. Mailing Address 3. Suite, Apt. #, etc.  Suite, Apt. #, etc.	d St	DO NOT WRITE IN THIS SPACE			
Attantic Beach, FL Affantic  32233 Duval 23233	Beach, Fl Country Divid	4. FEI Number Applied For Status Desired Status Des			
		7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE	Street Address	P.O. Bes Number is Not acceptable)			
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    Multiple   Signature, typed or printed name of signature agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)    Date   Possible   Signature   Sig					
Tax filing requirement and elects to do so. (See criteria on back)  After May 1  Amended  Make Check Payable	ly 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Financing \$5.00 May Be Added to Fees			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  MARE  NAME  NAME  TITLE  NAME  TORES  ALCONOMIC Beach, FL3233  TORES  AND DIRECTORS  DIRECTORS  NAME  NAME  NAME  TORES  ALCONOMIC Beach, FL3233  TITLE  NAME  TORES  ALCONOMIC Beach  THE ALLONOMIC Beach  ALLONOMIC Beach  TITLE  TITLE  ALLONOMIC Beach  TITLE  ALLONOMIC Beach  TITLE  ALLONOMIC Beach  TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS -CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITYEST-ZIP	DO-NOT-WRITE			
NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	IN THIS SPACE			

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

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 attachment with an address, with all other like empowered.

SIGNATURE:

=C1

CITY-ST-ZIP

TITLE

1.1. J. Love 5/29/02 (904) 242-8816