

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90043 042 ***150.00

DOCUMENT # P99000088684

1. Entity Name
360 ECOM INC.



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business TRAIL CREEK PLACE TAMPA FL 33625 | Mailing Address 15005 TRAIL CREEK PLACE TAMPA FL 33625-1974 |
|--------------------------------------------------------------------|-------------------------------------------------------------------|

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|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| 2. Principal Place of Business 9836 GINGERWOOD DR Suite, Apt. #, etc. | 3. Mailing Address 9836 GINGERWOOD DR Suite, Apt. #, etc. |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

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|--------------------------|--------------------------|-----------------------------|-------------------------------|
| City & State TAMPA FL | City & State TAMPA FL | 4. FEI Number 58-2498738 | Applied For Not Applicable |
| Zip 33626 | Country | Zip 33626 | Country |

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SADLOWSKI, TINA L 15005 TRAIL CREEK PLACE TAMPA FL 33625 | 7. Name and Address of New Registered Agent Name: MIKE WEBSTER Street Address (P.O. Box Number is Not Acceptable): 9836 GINGERWOOD DR City: TAMPA FL Zip Code: 33626 |
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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]* MIKE WEBSTER, VICE PRESIDENT DATE: 2/23/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEBSTER, MICHAEL R 15005 TRAIL CREEK PLACE TAMPA FL 33625 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9836 GINGERWOOD DR TAMPA FL 33626 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEBSTER, BRENDA E 15005 TRAIL CREEK PLACE TAMPA FL 33625 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9836 GINGERWOOD DR TAMPA FL 33626 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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]* MIKE WEBSTER VICE PRESIDENT DATE: 2/23/00 8139209892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)