

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

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

06-02-2002 90906 008 \*\*\*150.00

DOCUMENT # P00000107586 ✓  
1. Entity Name  
180 Degree Properties, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
265 3rd. St.  
Suite, Apt. #, etc.

3. Mailing Address  
265 3rd St.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Atlantic Beach, FL  
City & State  
Atlantic Beach, FL  
Zip  
32233 Country  
Duval Zip  
32233 Country  
Duval

4. FEI Number  
59-3684237 Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
William J. Love  
Street Address (P.O. Box Number is Not Acceptable)  
265 3rd St.  
City  
Atlantic Beach FL Zip Code  
32233

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 William J. Love President DATE 5/28/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)  
**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>William J. Love</u> <u>265 3rd. St.</u> <u>Atlantic Beach, FL 32233</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Mary W Love</u> <u>265 3rd St.</u> <u>Atlantic Beach, FL 32233</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Love William J. Love 5/29/02 (904) 242-8816  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)