

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.

Principal Place of Business

Mailing Address

15005 TRAIL CREEK PLACE
 TAMPA FL 33625

15005 TRAIL CREEK PLACE
 TAMPA FL 33625-1974

2. Principal Place of Business

3. Mailing Address

9836 GINGERWOOD DR

9836 GINGERWOOD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip

Country

33626

Zip

Country

33626

4. FEI Number

58-2498738

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

SADLOWSKI, TINA L
15005 TRAIL CREEK PLACE
TAMPA FL 33625

Name

MIKE WEBSTER

Street Address (P.O. Box Number is Not Acceptable)

9836 GINGERWOOD DR

City

TAMPA

FL

Zip Code

33626

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

2/23/00

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 **D** ☐ Delete
 NAME **WEBSTER, MICHAEL R**
 STREET ADDRESS **15005 TRAIL CREEK PLACE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☒ Change ☐ Addition
 NAME **9836 GINGERWOOD DR**
 STREET ADDRESS **TAMPA FL 33626**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Delete
 NAME **WEBSTER, BRENDA E**
 STREET ADDRESS **15005 TRAIL CREEK PLACE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE ☒ Change ☐ Addition
 NAME **9836 GINGERWOOD DR**
 STREET ADDRESS **TAMPA FL 33626**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 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 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

2/23/00 8139209892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)