2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000004149

Entity Name: GEAR MAN, INC.

FILED Apr 16, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

416 COOPER STREET PUNTA GORDA, FL 33950

Current Mailing Address: New Mailing Address:

3260-63A S. SHORE DR 1511 HERMITAGE LANE PUNTA GORDA, FL 33955 CAPE CORAL, FL 33914

FEI Number: 65-0553818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WEST, JAMES D WEST, JAMES D 3260-63A S. SHORE DR 1511 HERMITAGE LANE PUNTA GORDA, FL 33955 CAPE CORAL, FL 33914

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: 04/16/2003

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete WEST, JAMES D. WEST, JAMES D. Name: 3260-63A S SHORE DR 1511 HERMITAGE LANE Address: PUNTA GORDA, FL City-St-Zip: CAPE CORAL, FL 33914

Title: Title: (X) Change () Addition () Delete

Name: WEST, VIOLA M. Name: WEST, VIOLA M. 3260-63A S SHORE DRVE 1511 HERMITAGE LANE Address: Address: PUNTA GORDA, FL CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition

WEST, LYNN Name: WEST, LYNN Name: 1212 GRANDVIEW DR 1212 GRANDVIEW DR Address: Address: City-St-Zip: HUDSON, WI City-St-Zip: HUDSON, WI 54016

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN A. WEST 04/16/2003 ST