

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0624910 AT

DOCUMENT # F00000001845

1. Entity Name

SECOND CHANCE BODY ARMOR, INC.

03-12-2002 91002 012 ***150.00

Principal Place of Business

**7919 CAMERON STREET
CENTRAL LAKE MI 49622
US**

Mailing Address

**P.O. BOX 578
CENTRAL LAKE MI 49622
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2029431

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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, 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, 2002 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 ☐ Delete
NAME **PD DAVIS, RICHARD**
STREET ADDRESS **2252 MUCKLE ROAD**
CITY-ST-ZIP **CENTRAL LAKE MI 49622**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VD MCCRANEY, KAREN**
STREET ADDRESS **2320 NORTH INTERMEDIATE LAKE**
CITY-ST-ZIP **CENTRAL LAKE MI 49622**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD BACHNER, MARY ELLEN**
STREET ADDRESS **3020 TORCH POINTE LANE**
CITY-ST-ZIP **EAST POINT MI 49627**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **CFO BRENEMAN, BRIAN**
STREET ADDRESS **1455 LAKE DRIVE**
CITY-ST-ZIP **TRAVERSE CITY MI 49684**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP MCCRANEY, LARRY**
STREET ADDRESS **2320 INTERMEDIATE LAKE**
CITY-ST-ZIP **CENTRAL LAKE MI 49622**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T BACHNER, THOMAS**
STREET ADDRESS **3020 TORCH POINT LANE**
CITY-ST-ZIP **EAST POINT FL 49627**

☐ Change ☐ Addition
TITLE
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 REQUIRED
Brian Breneman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

Daytime Phone #

CR2E034 (9/01)