

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90185 018 \*\*\*150.00

**DOCUMENT # F00000001845**

1. Entity Name  
**SECOND CHANCE BODY ARMOR, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **38-2029431**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, RICHARD	
STREET ADDRESS	2252 MUCKLE ROAD	
CITY-ST-ZIP	CENTRAL LAKE MI 49622	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCRANEY, KAREN	
STREET ADDRESS	2320 NORTH INTERMEDIATE LAKE	
CITY-ST-ZIP	CENTRAL LAKE MI 49622	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BACHNER, MARY ELLEN	
STREET ADDRESS	3020 TORCH POINTE LANE	
CITY-ST-ZIP	EAST POINT MI 49627	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BRENEMAN, BRIAN	
STREET ADDRESS	1455 LAKE DRIVE	
CITY-ST-ZIP	TRAVERSE CITY MI 49684	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCRANEY, LARRY	
STREET ADDRESS	2320 INTERMEDIATE LAKE	
CITY-ST-ZIP	CENTRAL LAKE MI 49622	
TITLE	T	<input type="checkbox"/> Delete
NAME	BACHNER, THOMAS	
STREET ADDRESS	3020 TORCH POINT LANE	
CITY-ST-ZIP	EAST POINT FL 49627	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Banducci, Paul	
STREET ADDRESS	144 Birchwood Ave.	
CITY-ST-ZIP	Traverse City, MI 49686	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

Date

Daytime Phone #

CR2E034 (10/02)



attachment  
80090433  
#F0000000 1845

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Additional Officers/Directors

Add VD  
Jim Young  
01950 Behling Road  
Boyne City, MI 49712

Add D  
Pat Crawford  
3946 Rushton Road  
Central Lake, MI 49622