

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000113187**1. Entity Name  
WEAR PRODUCTS, INC.

## Principal Place of Business

10890 BAKER DRIVE

ROLLA  
65401

MI

## Mailing Address

10890 BAKER DRIVE

ROLLA  
65401

MI

2. Principal Place of Business  
2930 WESTFIELD ROAD3. Mailing Address  
2930 WESTFIELD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
GULF BREEZE FLCity & State  
GULF BREEZE FL4. FEI Number  
**43-1911682**

Applied For

Not Applicable

Zip  
32561

Country

Zip  
32561

Country

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

## 6. Name and Address of Current Registered Agent

HALLMAN DAVID G  
13720 94TH AVE NSEMINOLE FL  
33776 US

## 7. Name and Address of New Registered Agent

Name  
HALLMAN DAVID GStreet Address (P.O. Box Number is Not Acceptable)  
2930 WESTFIELD ROADCity  
GULF BREEZE FL Zip Code  
32561

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 \_\_\_\_\_ **04/10/2001**

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, 2001 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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON KELLY J	
STREET ADDRESS	5062 MANDAVILLA BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SEC/	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLEY CHRISTL	
STREET ADDRESS	33 LOVEWELL LOOP	
CITY-ST-ZIP	RICHTON MS 39476	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLMAN SUSANNE R	
STREET ADDRESS	5062 MANDAVILLA BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALLMAN DAVID G	
STREET ADDRESS	5062 MANDAVILLA BLVD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
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		

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:** Susanne Hallman

VP

04/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)