

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91706 034 ***150.00

DOCUMENT# P00000113187

1. Entity Name

WEAR PRODUCTS, INC.

Principal Place of Business

**2930 WESTFIELD ROAD
 GULF BREEZE FL 32561**

Mailing Address

**2930 WESTFIELD ROAD
 GULF BREEZE FL 32561**

2. Principal Place of Business

5289 E. Bay BLVD.

3. Mailing Address

5289 E. Bay BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Gulf Breeze FL

Zip

32563

Country

Santa Rosa

Zip

32563

Country

Santa Rosa

4. FEI Number

43-1911682

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALLMAN, DAVID G

**2930 WESTFIELD ROAD
 GULF BREEZE FL 32561**

7. Name and Address of New Registered Agent

Name **David Hallman**

Street Address (P.O. Box Number is Not Acceptable)
5062 mandavilla BLVD.

City **Gulf Breeze**

FL

Zip **32563**

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

Vice President

5/17/2002

(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

TITLE **CEO** ☐ Delete
 NAME **ANDERSON, KELLY J**
 STREET ADDRESS **5062 MANDAVILLA BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **PRES** ☐ Delete
 NAME **HALLMAN, DAVID G**
 STREET ADDRESS **5062 MANDAVILLA BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **VP** ☐ Delete
 NAME **HALLMAN, SUSANNE R**
 STREET ADDRESS **5062 MANDAVILLA BLVD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **SEC/** ☐ Delete
 NAME **WALLEY, CHRISTL**
 STREET ADDRESS **33 LOVEWELL LOOP**
 CITY-ST-ZIP **RICHTON MS 39476**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2002
 Date

850 937-2242
 Daytime Phone #

CR2E034 (9/01)