2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90969 016 ***150.00

DOCUMENT # P01000085436

1. Entity Name
HIM WEAR, INC.

Principal Place of Business	Mailing Address
11637 KELLY RD	11637 KELLY RD
STE 301	STE 301
FT. MYERS FL 33908	FT. MYERS FL 33908

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11555 MARSHWOOD LN	11555 MARSHWOOD LN
Suite, Apt. #, etc.: 102	Suite, Apt. #, etc.: 102
City & State: FT MYERS FL	City & State: FT MYERS FL
Zip: 33908 Country: USA	Zip: 33908 Country: USA

4. FEI Number 59-3746454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKENZIE, BRENT C
~~11637 KELLY RD~~ 11555 MARSHWOOD LN
~~STE 301~~ STE 102
FT. MYERS FL 33908

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	D ☐ Delete
NAME	MACKENZIE, BRENT C
STREET ADDRESS	~~11637 KELLY RD STE 301~~ 11555 MARSHWOOD LN
CITY-ST-ZIP	FT. MYERS FL 33908 STE 102

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

(Four further blank TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP blocks, each with ☐ Delete)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

(Five further blank TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP blocks, each with ☐ Change ☐ Addition)

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] SIGNATURE REQUIRED APR 28 2003 239-267-6006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)