## NV CCPOPIN

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINE	SS REPOR	T (U	BR)	Jan 21, 2			3
DOCUMENT # P0100087863  1. Entity Name WEAR ME OUT , INC.					Secretary of State 01-21-2003 90508 036 ***150.00			Δv
Principal Place of Business 2311 LYNNCREST CT. VALRICO FL 33594 US		Mailing Address 2311 LYNNCREST CT. VALRICO FL 33594 US						
2. Principal Place of Business		3. Mailing Address			8112 <b>8818</b> 3 1843 18 <b>38</b> 0 1	110 1110 1 1111 1011		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3744062	FEI Number 59-3744062 Applied For Not Applicate		
Zip Country		Zip Cou		,	5. Certificate of Status Desired S8.75 Additional Fee Required		Additional	1
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Reg	istered Agent	·	
		•		Name				
	IND, BRIAN M INCREST CT.	Street Address		Street Address (F	P.O. Box Number is Not Acceptable)	,,,, <u>,</u> ,,,		1
VALRICO FL 33594								1
			City		·	FL Zip C	code	1
the obliga	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registered agent			gent signature required		DATE	in, and accept	
Afte Make Chec	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o				Election Campaign Finan     Trust Fund Contribution.	Ād	5.00 May Be ded to Fees	
10.	OFFICERS AND		11.	**	ADDITIONS/CHANGES TO OFFICE			1~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCFARLAND, BRIAN M 2311 LYNNCREST CT. VALRICO FL 33594		NAME STREET A	ADDRESS - Zip	☐ Change		e	CR2E034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete MCFARLAND, WILLIAM A 2311 LYNNCREST CT. VALRICO FL 33594		TITLE NAME STREET A	ADDRESS .		☐ Chang	ge Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCFARLAND, BRIAN M 2311 LYNNCREST CT. VALRICO FL 33594	☐ Delete	TITLE NAME STREET A			Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCFARLAND, WILLIAM A 2311 LYNNCREST CT. VALRICO FL 33594	☐ Delete	TITLE NAME STREET A CITY-ST			☐ Chang	e 🔲 Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A			☐ Chang	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	1		☐ Chang	e 🗌 Addition	

12. I hereby certify that the information supplied with this filling 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 an other like empowered to the corporation of the corporation or the receiver of 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 an other like empowered to the corporation of the cor

SIGNATURE

STANATURE AND TYPED OR FINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/02/07 (613)49

(613) 443- 0231 Daytime Phone #