2003 FOR PROFIT CORPORATION

Mailing Address 318 MEADOW RIDGE DR.

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

TALLAHASSEE FL 32312

UNIFORM BUSINESS REPORT (UBR) P01000113766 **DOCUMENT #** 1. Entity Name OOOHWEEE GEAR INC.

Principal Place of Business

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

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

Suite, Apt. #, etc.

City & State

DAVIS, KELVIN

318 MEADOW RIDGE DR. TALLAHASSEE FL 32312

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changed, or on an attachment with an address

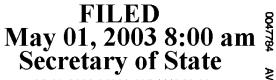
SIGNATURE:

the obligations of registered agent.

Zip

SIGNATURE

318 MEADOW RIDGE DR. TALLAHASSEE FL 32312



| | Secretary 05 05-01-2003 90122 017 | |
|-------------------|---|-----------------------------------|
| | 220000 | |
| | | |
| | ☐ CHECK HERE IF MAKING | CHANGES |
| | 4. FEI Number 50-0003119 | Applied For Not Applicable |
| / | | \$8.75 Additional Fee Required |
| | 7. Name and Address of New Registered A | gent |
| Name | | |
| Street Address (i | P.O. Box Number is Not Acceptable) | |
| City | · | Zin Code |

DATE

| Afte | r May 1, 2003 Fee will be \$550.00 R Payable to Florida Department of State | * | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. |
|--|--|----------|--|---|
| 10. | OFFICERS AND DIRECTO | RS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO DAVIS, KELVIN 318 MEADOW RIDGE DR. TALLAHASSEE FL 32312 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS | ☐ 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

Country

City

(NOTE: Registered Agent signature required when reinstating)

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