

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000050554**1. Entity Name  
**WORKGEAR, INC.****Principal Place of Business**

2303 N AIRPORT ROAD

PLANT CITY

33567

FL

**Mailing Address**

2303 N AIRPORT ROAD

PLANT CITY

33567

FL

**2. Principal Place of Business**

500 TRINITY LANE NORTH

Suite, Apt. #, etc.  
SUITE 11205**3. Mailing Address**

500 TRINITY LANE NORTH

Suite, Apt. #, etc.  
SUITE 11205City & State  
ST. PETERSBURG

FL

City & State  
ST. PETERSBURG

FL

Zip  
33716

Country

Zip  
33716

Country

4. FEI Number  
**59-3514564**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FERKING ED**  
2303 N AIRPORT ROADPLANT CITY  
33567

FL

**7. Name and Address of New Registered Agent**

Name

**FERKING ED HMR**Street Address (P.O. Box Number is Not Acceptable)  
**500 TRINITY LANE NORTH**

SUITE 11205

City  
ST. PETERSBURG

FL

Zip Code  
33716

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 **EDWARD H FERKING III****02/19/2001**

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 **D** ☐ Delete  
NAME **CARTER ED**  
STREET ADDRESS **3625 SANTIAGO STREET**  
CITY-ST-ZIP **TAMPA FL 33629**TITLE **D** ☐ Delete  
NAME **FERKING ED**  
STREET ADDRESS **8307 FISHERMAN**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition  
NAME **FERKING ED**  
STREET ADDRESS **500 TRINITY LANE NORTH, #11205**  
CITY-ST-ZIP **ST. PETERSBURG FL 33716**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: EDWARD H FERKING III****D****02/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)