FILED
Aug 25, 2002 8:00 am
Secretary of State
08-25-2002 90219 031 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050554

1. Entity Name: WORKGEAR, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3625 SANTIAGO ST.	3625 SANTIAGO ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593514564 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ED CARTER

Street Address (P.O. Box Number is Not Acceptable): 3625 SANTIAGO ST.

City: TAMPA FL Zip Code: 33629

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] 5/15/02
Signature of an officer or director required. If signed by agent, type or print name of agent. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See details on back) ☐

Fee: If filed January 1 - May 1 Fee is $150.00; After May 1 Fee is $550.00; For Amended UBR is $61.25; 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 NAME: ED CARTER STREET ADDRESS: 3625 SANTIAGO, ST CITY-ST-ZIP: TAMPA, FL - 33629	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/15/02 813-839-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #