

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90310 003 ***150.00

0632692

DOCUMENT # P00000054363

1. Entity Name

PROTEC Q INC.

Principal Place of Business

Mailing Address

**4 THE COURTYARD, WOODLANDS, BRADLEY STOKE.
 BRISTOL
 BS32 4NB UNITED KINGDOM**

**4 THE COURTYARD, WOODLANDS, BRADLEY STOKE.
 BRISTOL
 BS32 4NB UNITED KINGDOM**

2. Principal Place of Business

3. Mailing Address

614 E.H.WY. 50 #125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLERMONT

City & State

City & State

FLORIDA

Zip

Country

Zip **34711**

Country

34711 USA.

4. FEI Number

EIN 59-3662040

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

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S PINE ISLAND RD
 PLANTATION FL 33324**

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LOW, ANTHONY**
 STREET ADDRESS **101 COOKS CLOSE, BRADLEY STOKE, BRISTOL,**
 CITY-ST-ZIP **BS32 0BB, UNITED KINGDOM**

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 Mar 01

Date

Daytime Phone #

**1454
 801144-617880**

CR2E034 (10/00)