

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90127 025 ***150.00

DOCUMENT # P00000054363

1. Entity Name
PROTEC Q INC.



Principal Place of Business
**5024 DEPARTURE DRIVE
UNIT F
RALEIGH NC 27616**

Mailing Address
**5024 DEPARTURE DRIVE
UNIT F
RALEIGH NC 27616**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6300 LIMOUSINE DRIVE

3. Mailing Address

6300 LIMOUSINE DRIVE

Suite, Apt. #, etc.

Suite 10b

Suite, Apt. #, etc.

Suite 10b

City & State

RALEIGH, N.C.

City & State

RALEIGH, N.C.

Zip

Country

27617 U.S.A.

Zip

Country

27617 U.S.A.

4. FEI Number **59-3662040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LOW, ANTHONY**
STREET ADDRESS **8324 APPLEBROOK TERRACE #201**
CITY-ST-ZIP **RALEIGH NC 27617**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Low

18 MARCH 03 919 510 0881

Date

Daytime Phone #

CR2E034 (10/02)