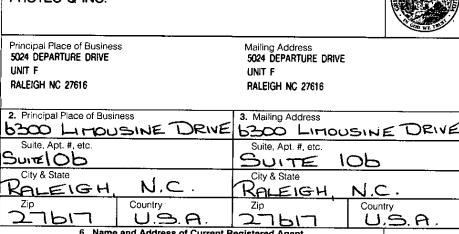
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



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

03-24-2003 90127 025 \*\*\*150.00

PROTEC Q INC.	
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	Place of Business LI MOUSINE DRIVE	E DRIVE 6300 LIMOUSINE DRIVE			-			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite Apt. #, etc.				}	CHECK HERE IF MAKING CHANGES			
City & Sta		City & State RALEIGH	N.C.		4. FEI Number <b>59-3662040</b>	$\vdash$	Applied For Not Applicable	
27h		27617   Zip	Country U.S. A	,	5. Certificate of Status Desired	<b>\$8.75</b> A Fee Requ		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent				
OT COPPORTION OVERTILE				= Name				
CT CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)				
1200 S PINE ISLAND RD				of our addition (1.0. Box Hamber to Not Acceptable)				
PLANTAT	ION FL 33324					•••		
	đ		City			Zip Ci	ode	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registere	ed agent, or both, in the State of Florida. I	am familiar wit	h, and accept	
SIGNATURE	Signature, typed or printed name of registered agent a							
	Signature, typed or printed name or registered agent a	nd title if applicable. (NOTE	E: Registered Agent signatur	e required w	when reinstating) DA	TE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND (	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	BS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOW, ANTHONY 8324 APPLEBROOK TERRACE #2 RAKEIGH NC 27617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change		
TITLE Name Street address City-St-Zip		☐ 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME STREET AODRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*F'		Change	Addition	
TILE AME TREET ADDRESS		☐ Delete	TITLE NAME	•		☐ 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 in 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.

CITY-ST-ZIP

SIGNATURE: