
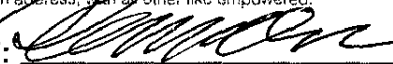


FILED  
Jun 02, 2003 8:00 am  
Secretary of State

06-02-2003 90203 021 \*\*\*150.00

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

DOCUMENT # <b>P01000066281</b>			
1. Entity Name <b>QTM MANAGEMENT, INC.</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>4670 TURNBERRY LANE DRIVE</b>		3. Mailing Address	
Suite, Apt. #, etc. <b># 102</b>		Suite, Apt. #, etc.	
City & State <b>ESTERO, FL</b>		City & State	
Zip <b>33928</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>58-2641461</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>			
7. Name and Address of Current Registered Agent			
Name <b>AGENTS &amp; CORPORATIONS, INC.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>SUITE E. 773 4TH AVE. NORTH</b>			
City <b>NAPLES</b>		FL	Zip Code <b>34102</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S/D TERRANCE C. McNichols 2104 N. WALNUT AVE. ARLINGTON HEIGHTS, IL 60004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D TERRY L. McNichols 2104 N. WALNUT AVE. ARLINGTON HEIGHTS, IL 60004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with an other like empowered.			
SIGNATURE: 		TERRANCE C. McNichols 5/28/03 847-590-9691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)

*Attchment*

*80123907*  
*PO 000066281*

**QTM MANAGEMENT, INC.  
4670 Turnberry Lake Drive, #102  
Naples, Florida 33928  
847-590-9691**

**May 28, 2003**

**Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500**

**To Whom It May Concern:**

**Please do not charge us a late filing fee, as we did not receive the proper documents. I confirmed in a phone call with Michelle at 10 a.m. today that while we did supply the correct mailing information, it was not properly input into your system, thereby causing us not to receive the filing information. Michelle suggested that we send the normal \$150.00 filing fee, and that your office would review the situation.**

**Respectfully,**

  
**Terrance C. McNichols  
President**

**enclosure: UBR and a \$150.00 Check**