

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

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

06-02-2003 90198 002 ***150.00

DOCUMENT # **PO2000106388**

1. Entity Name

QTM VENTURES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4305 TAMIAH TRAIL NORTH

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

4. FEI Number

32-003-4414

Applied For

Not Applicable

Zip

34103

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **AGENTS & CORPORATIONS, INC.**

Street Address (P.O. Box Number is Not Acceptable)
SUITE E 773 4TH AVE NORTH

City **NAPLES**

FL

Zip Code **34102**

**DO NOT WRITE
IN THIS SPACE**

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

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PISD
NAME	TERRANCE C. McNichols
STREET ADDRESS	2104 N. WALNUT AVE.
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	T/D
NAME	TERRANCE C. McNichols
STREET ADDRESS	2104 N. WALNUT AVE.
CITY-ST-ZIP	ARLINGTON HEIGHTS, IL 60004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

TERRANCE C. McNichols
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/03 239-417-1602
Date Daytime Phone #

CR2E034B (12/02)

attachment PO2000106388



80123699

QTM Ventures, Inc.
4305 Tamiami Trail N.
Naples, FL 34103
Phone: 239-417-1602
Fax: 239-417-0674

May 28, 2003

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

QTM Ventures, Inc.
4305 Tamiami Trail N.
Naples, FL 34103
Phone: 239-417-1602
Fax: 239-417-0674

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,

A handwritten signature in black ink, appearing to read 'Terrance C. McNichols', written over a horizontal line.

Terrance C. McNichols
President

QTM Ventures, Inc.
4305 Tamiami Trail N.
Naples, FL 34103
Phone: 239-417-1602
Fax: 239-417-0674

enclosure: UBR and a \$150.00 Check