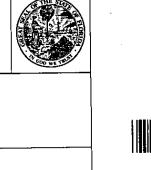
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P96000038910

1. Entity Name

PRO Q.C. SYSTEMS NORTH AMERICA, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90211 018 \*\*\*150.00

Principal Place of Business 2737 MERLIN WAY CLEARWATER FL 33761		Mailing Address 2737 MERLIN WAY CLEARWATER FL 33761	2737 MERLIN WAY				
2. Principal Pla	ice of Business	3. Mailing Address			i (Baileal ila ieila aith aeilt aent eath aath aataa	[(] <b>[  </b> ]     ] ]]]]]]]]]]]]]]]]]]]]]]]]]]]]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. Fi	El Number <b>59-3377963</b>	<u> </u>	olied For Applicable
Zip	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Addi	
	6. Name and Address of Curr	ent Registered Agent	<u> </u>	7. N	ame and Address of New Registered	Agent	
	O. Name and Address of San		Name	<u></u>	,		
	NG, JEFFREY	•	Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		
2737 MERI	IN WAY		<u> </u>				
CLEARWA"	TER FL 33761			<del></del>			
		•	City	,	Fl	Zip Code	•
the obligation	named entity submits this stateme ons of registered agent. Signature, typed or printed name of registered		its registered office or regions.  OTE: Registered Agent signature req		ent, or both, in the State of Florida. I am	tamiliar with, a	and accept
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Departme	.00			mast find commodern	Added Added	May Be to Fees
10.	OFFICERS /	AND DIRECTORS	11.	AD	DITIONS/CHANGES TO OFFICERS AN		
TITLE	VP	☐ Delete	TITLE			Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	SANCHEZ, ED #21 TREE HOLLOW LANE DIX HILLS NY 11746		NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	P	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	SANCHEZ, YVONNE		NAME		,		
STREET ADDRESS	#21 TREE HOLLOW LANE		STREET ADDRESS  CITY-ST-ZIP				
CITY-ST-ZIP	DIX HILLS NY 11746				-	Change	Addition
TITLE	ST	Delete	TITLE	-		onengs	
NAME STREET ADDRESS	MOELLERING, JEFFREY 2737 MERLIN WAY		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33761		CITY-ST-ZIP				
TITLE	OLD WITH LITTER OF THE	☐ Delete	TITLE	·· <u>-</u>		☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		·		- Addition
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP						[] Change	Addition
TITLE		☐ Delete	TITLE NAME			La Chango	
NAME ATORET ADORESS			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
	and the information supplie	d with this filling does not qualify	for the exemption stated	in Section	119.07(3)(i), Florida Statutes. I further of	ertify that the	information

indicated on this report or 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 suppliemental 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 this tee 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 indicates; with all other like empowered.

SIGNATURE: