

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000003126

**1. Entity Name**  
QUIZ 740, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**

501 KNIGHTS RUN BLVD. #4105  
TAMPA FL 33602

**Mailing Address**

501 KNIGHTS RUN BLVD. #4105  
TAMPA FL 33602

**2. Principal Place of Business**

2748 CAPITAL CR. NE

**3. Mailing Address**

1202 DEL MAR BLVD.

Suite, Apt. #, etc.

SUITE #108

Suite, Apt. #, etc.

SUITE 6

**City & State**

TALLAHASSEE, FL

**City & State**

LAREDO, TEXAS

**Zip**

32308

**Country**

US

**Zip**

78045

**Country**

US

**4. FEI Number**

74-2895915

**Applied For**

Not Applicable

**5. Certificate of Status Desired**

**\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

DANAHER, THOMAS W  
401 EAST JACKSON STREET, SUITE 2400  
TAMPA FL 33602

**7. Name and Address of New Registered Agent**

**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.**

**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 \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** MGR  Delete  
**NAME** TRAUTMANN, DELBERT A JR.  
**STREET ADDRESS** 501 KNIGHTS RUN BLVD. #4105  
**CITY-ST-ZIP** TAMPA FL 33602

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

**TITLE**  Change  Addition  
**NAME**  
**STREET ADDRESS** 1202 DEL MAR BLVD. STE. 6  
**CITY-ST-ZIP** LAREDO, TX 78045

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

**TITLE**  Change  Addition  
**NAME** 200003410582  
**STREET ADDRESS** -10/02/00--01011--001  
**CITY-ST-ZIP** \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** Signature of Delbert A. Trautmann 9/14/00 956 717-2226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)