

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-18-2003 90151 026 \*\*\*\*50.00

**DOCUMENT # L99000003126**

1. Entity Name

**QUIZ 740, L.C.**



Principal Place of Business

**2748 CAPITAL CIRCLE N.E.  
SUITE #108  
TALLAHASSEE FL 32308**

Mailing Address

**1202 DEL MAR BLVD., STE. 6  
LAREDO TX 78045**

2. Principal Place of Business

3. Mailing Address

**1913 McPherson Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 105**

City & State

City & State

**Laredo, TX**

Zip

Country

Zip

Country

**78045**

**U.S.**

4. FEI Number

**74-2895915**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAUTMAN, CHRIS  
2305 KILLEARN CENTER BLVD  
A3  
TALLAHASSEE FL 32309**

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TRAUTMANN, DELBERT A JR. 1202 DEL MAR BLVD., STE. 6 LAREDO TX 78045</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1913 McPherson Ave., Ste. 105 Laredo, TX 78045</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Delbert A. Trautman* **DELBERT A. TRAUTMAN** 3/13/03 956 717 2446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Debiting Phone #

CR2E083 (10/02)