

# 2001 UNIFORM BUSINESS REPORT (UBR)

0031224 AB

DOCUMENT # L99000003119

1. Entity Name

QUIZ 734, L.C.

FILED

01 APR 16 PM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  1513 S. TAMiami TRAIL. SUITE B SARASOTA FL 34239	Mailing Address  1202 DEL MAR BLVD. SUITE 6 LAREDO TX 78045
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>74-2895915</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  DANAHER, THOMAS W ESQ. 401 EAST JACKSON STREET, SUITE 2400 TAMPA FL 33602	7. Name and Address of New Registered Agent  Name <b>CHRIS TRAUTMANN</b> Street Address (P.O. Box Number is Not Acceptable) <b>1217 Pheasant Run</b> City <b>Tallahassee</b> FL Zip Code <b>32312</b>
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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 *Chris Trautmann* DATE **4/8/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**000004035660--2**  
**--04/20/01--01077--013**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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. Trautmann* DATE **4/4/01** DAYTIME PHONE # **956 717 2426**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)