

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

4. FEI Number

74-2895915

Applied For

Not Applicable

Zip

Country

32308

US

Zip

Country

78045

US

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CRAE083 (5/00)