

2001 UNIFORM BUSINESS REPORT (UBR)

0031223 AB

DOCUMENT # L99000003126

1. Entity Name
QUIZ 740, L.C.

FILED
01 APR 16 PM 8:27

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-2895915

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
CHRIS TRAUTMANN

Street Address (P.O. Box Number is Not Acceptable)

1217 Pheasant Run

Tallahassee

City

FL

Zip Code

32312

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*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/01
DATE

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

100004035651-0
-04/20/01--01077--012
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	TRAUTMANN, DELBERT A JR.	1202 DEL MAR BLVD., STE. 6	LAREDO TX 78045	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/4/01 **956 717 2424**
Date Daytime Phone #

CR2E083 (11/00)