

# 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	MGR TRAUTMANN, DELBERT A JR. 1202 DEL MAR BLVD., STE. 6 LAREDO TX 78045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1913 McPherson Ave., Ste. 105 Laredo, TX 78045
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*  
TRAUTMAN, DELBERT A JR.

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)