

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90273 027 ****55.00

0048725

DOCUMENT # M01000000761

1. Entity Name

MIQUOTES, L.L.C.

Principal Place of Business

**9820 METCALF, SUITE 120
 OVERLAND PARK KS 66212**

Mailing Address

**9820 METCALF, SUITE 120
 OVERLAND PARK KS 66212**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-1234467

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-2002

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **BEFORT, DAVID A**
 STREET ADDRESS **9820 METCALF, SUITE 120**
 CITY-ST-ZIP **OVERLAND PARK KS 66212**

TITLE **MEMBER** ☐ Change ☐ Addition
 NAME **KIM MORGAN**
 STREET ADDRESS **5306 HALLET**
 CITY-ST-ZIP **SHAWNEE, KS 66216**

TITLE **MEMBER** ☐ Delete
 NAME **GREGORY SCHLATTER**
 STREET ADDRESS **10614 W. 123 TERR**
 CITY-ST-ZIP **O.P. KS 66213**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Delete
 NAME **POSENELL-GHALTON-WELTE PC**
 STREET ADDRESS **6201 COLLEGE BLVD**
 CITY-ST-ZIP **O.P. KS 66211**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Delete
 NAME **A. GLENN MORTON III**
 STREET ADDRESS **2507 COUNTY RD. 3600**
 CITY-ST-ZIP **HAWKINS, TX 75765**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Delete
 NAME **PAUL FISHER**
 STREET ADDRESS **9820 METCALF 120A**
 CITY-ST-ZIP **O.P. KS 66212**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Delete
 NAME **DAVID RYMAN**
 STREET ADDRESS **7620 BELLVIEW**
 CITY-ST-ZIP **K.C. MO 64114**

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:

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

Date

Daytime Phone #

4-29-02 93-338-0985

CR2E083 (9/01)