

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 26 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000000151

1. Entity Name  
BINGO EXPRESS LLC

Principal Place of Business

517 SW 25TH LANE  
CAPE CORAL FL 33914

Mailing Address

517 SW 25TH LANE  
CAPE CORAL FL 33914

2. Principal Place of Business

1820 SW 21<sup>st</sup> TERR

3. Mailing Address

1820 SW 21<sup>st</sup> TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL FLA

City & State

CAPE CORAL FLA

4. FEI Number

65-0485064

Applied For

Not Applicable

Zip

33991

Country

LEE

Zip

33991

Country

LEE

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED  
1 EAST BROWARD BLVD.  
SUITE 700  
FORT LAUDERDALE, FL 33301-0000

7. Name and Address of New Registered Agent

Name ZDENKA KREJCI

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

1820 SW 21<sup>st</sup> TERRACE

City CAPE CORAL

FL

Zip Code 33991

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

Zdenka Krejci - OWNER ZDENKA KREJCI

July 14-2000

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 Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME KREJCI, ZDENKA  
STREET ADDRESS 517 SW 25TH LANE  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE MGRM  
NAME KREJCI, BRIAN  
STREET ADDRESS 4423 SW 25TH LANE  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME KREJCI  
STREET ADDRESS 1820 SW 21<sup>st</sup> TERR.  
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

TITLE  
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:

Zdenka Krejci ZDENKA KREJCI

July 14-2000

941-282-8854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)