

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90247 016 \*\*\*\*50.00  
07-11-2002 90252 001 \*\*\*\*8.75

DOCUMENT # L990000000151

1. Entity Name

BINGO EXPRESS LLC

**DO NOT WRITE IN THIS SPACE**

970119

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1820 SW 21st Terr  
Suite, Apt. #, etc.

3. Mailing Address

1820 SW 21st Terr  
Suite, Apt. #, etc.

City & State

Cape Coral, Fl

City & State

Cape Coral, Fla

Zip 33991

Country

Lee

Zip 33991

Country

Lee

4. FEI Number

65-0485064

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

ZDENKA KREJCI

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

1820 SW 21st terrace

City

Cape Coral

FL

Zip Code  
33991

**DO NOT WRITE  
IN THIS SPACE**

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:

ZDENKA KREJCI  
1820 SW 21st Terrace

SIGNATURE Cape Coral, Fla 33991

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

*Zdenka Krejci*

(NOTE: Registered Agent signature required when reinstating)

*July 1<sup>st</sup> - 2002*

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
THOMAS A GRBAC President  
1820 SW 21st Terrace  
Cape Coral, Fla 33991

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BRIAN K KREJCI Treasurer  
1820 SW 21st terrace  
Cape Coral, Fla 33991

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas Grbac*

*July 1<sup>st</sup> - 2002 239-282-8884*

Date

Daytime Phone #

CR2E037B (12/01)