

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90106 035 ***150.00

DOCUMENT # P98 000012740

1. Entity Name

Bingo Info South Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5553 Anglers Ave.

Suite, Apt. #, etc.

Suite 101

3. Mailing Address

5553 Anglers Ave.

Suite, Apt. #, etc.

Suite 101

DO NOT WRITE IN THIS SPACE

City & State
Pt. Lauderdale, Fl.

City & State
Pt. Lauderdale, Fl.

4. FEI Number
65-0826423

Applied For

Not Applicable

Zip
33312

Country
US

Zip
33312

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JEFF LEWIS

Street Address (P.O. Box Number is Not Acceptable)
5553 ANGLERS AVE

Suite 101

City PT. LAUDERDALE

FL

Zip Code 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D. Lewis Jeff
NAME Suite 101
STREET ADDRESS 5553 Anglers Ave.
CITY-ST-ZIP Pt. Lauderdale, Fl. 33312

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF LEWIS Pres.

Date

2/15/02 (954) 967-2464

Daytime Phone #

CR2E034B (12/01)