

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90046 036 ***150.00

DOCUMENT # P99000098508

1. Entity Name
T & L BINGO, INC.



Principal Place of Business
**2394 W. TENNESSEE ST.
TALLAHASSEE FL 32303**

Mailing Address
**3521 LAKEWOOD DR.
TALLAHASSEE FL 32311**

50004733



2. Principal Place of Business

3. Mailing Address

5668 Sioux Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Zip

Country

Zip

32317

Country

Leon

4. FEI Number

59-3634562

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEDBETTER, LINDA B
3521 LAKEWOOD DR.
TALLAHASSEE FL 32305**

Name

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

5668 Sioux Dr

City

Tallahassee

FL

Zip Code

32317

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
LEDBETTER, TOMMY D
3521 LAKEWOOD DR.
TALLAHASSEE FL 32305**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VTS
LEDBETTER, LINDA B
3521 LAKEWOOD DR.
TALLAHASSEE FL 32305**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**5668 Sioux Dr
Tallahassee, FL 32317**

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda B Ledbetter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan 9, 2003 (850) 656-2851

Daytime Phone #

CR2E034 (10/02)