

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L89828

1. Entity Name

IN FOCUS INVESTIGATIONS AGENCY, INC.

Principal Place of Business

398 AN. HARBOR CITY BLVD
W. MELBOURNE FL 32934
US

Mailing Address

398 AN. HARBOR CITY BLVD
W. MELBOURNE FL 32934
US

2. Principal Place of Business

398-A N. HARBOR CITY BLVD

3. Mailing Address

398-A N. HARBOR CITY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3024968

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLIFFORD, SWANK D
398 A-N HARBOR CITY BLVD
W. MELBOURNE FL 32934

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTC
NAME BARRIAULT, LOUISE J.
STREET ADDRESS 398 A N. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL 32934

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP
NAME SWANK, CLIFFORD
STREET ADDRESS 398 A. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32934

☐ Delete

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☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUISE J. BARRIAULT

04-27-00

Date

321-253-0054

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90195 043 ***150.00

953728



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)