2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State
08-29-2001 90017 023 ***550.00

C0075828

DOCUMENT # P98000039175

1. Entity Name
FRAUD & THEFT INFORMATION BUREAU, INC.

Principal Place of Business	Mailing Address
11271 GOLF RIDGE LANE BOYNTON BEACH FL 33425	PO BOX 400 BOYNTON BEACH FL 33425

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11271 GOLF RIDGE LANE	PO BOX 400
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH, FL	City & State: BOYNTON BEACH, FL
Zip: 33437 Country: U.S.A.	Zip: 33425 Country: U.S.A.

4. FEI Number 59-2263430

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

6. **Name and Address of Current Registered Agent**

SCHWARTZ, LARRY
301 EAST YAMATO ROAD SUITE 2160
BOCA RATON FL 33487

7. **Name and Address of New Registered Agent**

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 $550.00
After September 12, 2001 Fee will be $750.00
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	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SCHWARTZ, LARRY		NAME	
STREET ADDRESS	PO BOX 400 N/A		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33425		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Add
NAME	SAX, PEARL		NAME	
STREET ADDRESS	PO BOX 400 N/A		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33425		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Larry Schwartz 7/16/01 561-737-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE

CR2E034 (5/01)