

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90398 001 ***150.00

06-03-2005 90398 002 ****13.75

DOCUMENT # P98000039175

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



Principal Place of Business
**9778 S MILITARY TRL.
#380
BOYNTON BEACH, FL 33436 US**

Mailing Address
**9778 S MILITARY TRL.
#380
BOYNTON BEACH, FL 33436 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 400
Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

Zip
33425 Country
U.S.A.



05202005 Chg-P CR2E034 (10/03)

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
11271 GOLFRIEDGE LANE
BOYNTON BEACH, FL 33437**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Larry Schwartz President** DATE **5/31/05**

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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	D / President (P) SCHWARTZ, LARRY PO BOX 400 11271 Golfridge Lane BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11271 Golfridge Lane Boynton Beach, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D / Vice President (VP) SAX, PEARL PO BOX 400 11271 Golfridge Lane BOYNTON BEACH, FL 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11271 Golfridge Lane Boynton Beach, FL 33437
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: **Larry Schwartz** DATE **5/31/05** DAYTIME PHONE # **561-737-8700**

forgery under s.834.06, Florida Statutes.

Officer/Director Name And Address

66021417
#P98000039175

Title	D / President
Name (Last, First, Middle, Title)	SCHWARTZ, LARRY
-or- Entity Name	
Street Address	PO BOX 400 N/A
City, State	BOYNTON BEACH, FL
Zip Code & Country	33425
Title	D / Vice President
Name (Last, First, Middle, Title)	SAX, PEARL
-or- Entity Name	
Street Address	PO BOX 400 N/A
City, State	BOYNTON BEACH, FL
Zip Code & Country	33425
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	

ATTACHMENT

66021417

P98000039175

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PRESIDENT

Officer/Director Signature

Larry Schwartz LARRY SCHWARTZ

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Division of Corporations

Annual Report

Document Number

P98000039175

Business Entity Name

FRAUD & THEFT INFORMATION BUREAU, INC.

FEI Number

592263430

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address

9778 S MILITARY TRL.

Suite, Apt. #, etc.

#380

City, State

BOYNTON BEACH

FL

Zip Code & Country

33436

US

Mailing Address

Address

9778 S MILITARY TRL.

Suite, Apt. #, etc.

#380

City, State

BOYNTON BEACH

FL

Zip Code & Country

33436

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) SCHWARTZ, LARRY

-or- RA Business Name

Address

11271 GOLFRIDGE LANE

Suite, Apt. #, etc.

City, State

BOYNTON BEACH

FL

Zip Code & Country

33437

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes