

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90010 040 ***550.00

DOCUMENT # P99000092133

1. Entity Name
CHECKS BY WEB, INC.

2. Principal Place of Business
**301 EAST YAMATO ROAD SUITE 2160
 BOCA RATON FL 33487**

3. Mailing Address
**301 EAST YAMATO ROAD SUITE 2160
 BOCA RATON FL 33487**

00075786



DO NOT WRITE IN THIS SPACE

4. Other Place of Business

5. Mailing Address

6. Other Address #, etc.

Suite, Apt. #, etc.

7. City & State

City & State

4. FEI Number **65-0955062**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Country
U.S.A.

Zip

Country
U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. If the filer is a limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

9. Signature of filer (Print Name of filer and address of filer) (NOTE: Registered Agent signature required when re-statuting)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Check for Name Change Fee ☐ **\$5.00** May Be
 Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete
D
SAX, PEARL
301 EAST YAMATO ROAD SUITE 2160
BOCA RATON FL 33487

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☐ Delete

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes, (hereinafter "119.07(3)(c)"), that the information in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if it were signed by that person as officer or director of the corporation 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 applicable to an attachment with an address, with all other like empowered.

SIGNATURE: Larry Schwartz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-01 561-998-9020