

**2000 UNIFORM BUSINESS REPORT (UBR)**

7/

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90002 026 \*\*\*150.00

**DOCUMENT # P95000092214**

1. Entity Name  
**WB EDUCATIONAL SALES & SERVICES, INC.**

Principal Place of Business      Mailing Address

8811 GARLAND AVE      8811 GARLAND AVE  
 SURFSIDE FL 33154      SURFSIDE FL 33154-3325  
 US      US

2. Principal Place of Business      3. Mailing Address

*8811 GARLAND AVE*      *8811 Garland Ave*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*SURFSIDE*      *Surfside*

City & State      City & State

*Florida*      *Florida*

4. FEI Number      65-0629629      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name      *CONCEPCION E. FONSECA*

Street Address (P.O. Box Number is Not Acceptable)  
*8811 GARLAND AVE*

City      *SURFSIDE*      FL      Zip Code      *33154*

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      *Concepcion E. Fonseca President*      DATE      *5/1/2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FONSECA, CONCEPCION E</b>
STREET ADDRESS	<b>8811 GARLAND AVE</b>
CITY-ST-ZIP	<b>SURFSIDE FL 33154</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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 lines empowered.

SIGNATURE:      *Concepcion E. Fonseca*      Date      *5/1-2000*      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR 1501A (9/99)

Attachment Doc # <sup>page 2 of 2</sup> 295000092214  
107768

July 29 - 2000

Please be aware that I closed my office and move the business to my home because lack of sales in the encyclopedia week is the product we sell.

The form did not get to me early enough.

Please see what you can do since at this time my business is very slow and I can't send you more money.

Thank you for your help.

W.B. Edu. Sls & Services Inc.  
Concepcion E. Ponsosa President

Reference # 295 0000 92214