

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000024888

1. Entity Name
HOOKED ON BOOKS, INC.



Principal Place of Business
82681 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

Mailing Address
158 JASMINE ST
TAVERNIER, FL 33070 US

2. Principal Place of Business

3. Mailing Address

*79901 OVERSEAS Hwy
204*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Isla Morada, FL

Zip

Zip

33036

Country

US

4. FEI Number

65-0834749

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75

Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWER, PENNY
82681 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Penny Bower 79901 OVERSEAS Hwy # 204 Isla Morada, FL 33036</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Penny Bower*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

O/S

305-517-2602

Daytime Phone #

CR2E034 (10/02)