

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR).

0084262 AV

DOCUMENT # **V35925**

1. Entity Name  
**BOOKSMART ENTERPRISES, INC.**



FILED  
04 MAR 16 AM 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~678~~ GLADES ROAD  
BOCA RATON FL 33431-6414  
US

Mailing Address  
~~678~~ GLADES ROAD  
BOCA RATON FL 33431-6414  
US

2. Principal Place of Business  
**670 GLADES RD**  
Suite, Apt. #, etc.  
**SUITE 180**  
City & State

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.  
City & State

**REINSTATEMENT 03-04**  
☒ CHECK HERE IF MAKING CHANGES  
4. FEI Number **65-0332523**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**FITZSIMMONS, CORINNE**  
~~678~~ GLADES ROAD  
BOCA RATON FL 33431-6414

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**670 GLADES RD.**  
**SUITE 180**  
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]* DATE **2-18-2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	
TITLE NAME	<b>P</b> <b>WULF, DAVID B</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>541 NE 42ND STREET, #203</b> <b>BOCA RATON FL 33432</b>
TITLE NAME	<b>VP</b> <b>WULF, JAMES C</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1106 SW 7TH ST</b> <b>BOCA RATON FL 33486</b>
TITLE NAME	<b>S</b> <b>WULF, ANN</b> <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>1106 SW 7TH ST</b> <b>BOCA RATON FL 33486</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>400030684554</b> <b>03/18/04--01012--014 **750.00</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>400030684554</b> <b>03/18/04--01012--015 **150.00</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/04** **561 354 6085**  
Date Daytime Phone #

CR2E034 (4/03)