2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
08-08-2000 90017 032 ****61.25

DOCUMENT # N99000001788

1. Entity Name

ENHANCE-ABILITIES, INC.

Principal Place of Business	Mailing Address
GULF COAST CENTER,5820 BUCKINGHAM RD. FT.MYERS FL 33905	GULF COAST CENTER,5820 BUCKINGHAM RD. FT.MYERS FL 33905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0907643 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOOD, BARBARA L
6561 SANDSPUR LANE
FT.MYERS FL 33919

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.

SIGNATURE Barbara L. Wood, President Barbara L. Wood, President 7-31-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BARBARA L. WOOD 6561 SANDSPUR LN. FT. MYERS, FL. 33919	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BARBARA WILLIAMS 2055 CENTRAL AVENUE FT, MYERS FL. 33901-3988	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DR. MANCI GREENE 3640 LIBERTY SQUARE FT. MYERS, FL. 33908	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR BARBARA MANZO 3410 PALM BEACH BLVD FT. MYERS, FL. 33916	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY JANET HOMMERBOCKER 5820 BUCKINGHAM Rd. FT. MYERS, FL. 33905	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CAROL BRONSTON 2366 E MAU DR. # 216 FT. MYERS, FL. 33901	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CHRISTOPHER P. WOOD 6561 SANDSPUR LN. FT. MYERS, FL. 33919	☐ Delete	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DR. MARCIA FOWLER 5820 BUCKINGHAM Rd. FT. MYERS, FL. 33905	☐ Change ☑ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR AMANDA WUSTER 3410 PALM BEACH BLVD. FT. MYERS, FL. 33916	☐ Delete ☑ ADD	TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DON PAYNE 2055 CENTRAL AVENUE FT.MYERS, FL. 33901-3988	☐ Change ☑ Addition
TITLE D / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LESLIE SINCLAIR 13631 LEARNING CT. FT. MYERS, FL. 33919	☐ Delete ☑ ADD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 617, 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: Barbara L. Wood, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #