**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 31, 2001 8:00 am Secretary of State DOCUMENT # N9900001788 1. Entity Name 08-31-2001 90003 028 \*\*\*\*61.25 ENHANCE-ABILITIES, INC. Principal Place of Business Mailing Address GULF COAST CENTER,5820 BUCKINGHAM RD. GULF COAST CENTER.5820 BUCKINGHAM RD. FT.MYERS FL 33905 FT.MYERS FL 33905 3. Majling Address 2. Principal Place of Business 6561 SANOSAUR LNO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0907643 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ---WOOD, BARBARA L 6561 SANDSPUR LANE FT.MYERS FL 33919 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (5/01 ☐ Addition TITLE ☐ Delete TITLE WOOD, BARBARA L NAME NAME STREET ADDRESS 6561 SANDSPUR LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33919 ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREENE, MANCI DR NAME NAME 3640 LIBERTY SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33908 ☐ Change ☐ Addition TITLE ☐ Delete WILLIAMS, BARBARA NAME NAME 2055 CENTRAL AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33901-3988 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WOOD, CHISTOPHER P NAME NAME 6501 SANDSPUR LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-7IP Wuster, AMANDA 3410 PALM BEACH BLND Change ☐ Addition ☐ Delete TITLE TITLE DUSTER, AMANDA NAME NAME STREET ADDRESS 3410 PALM BEACH BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 Delete Change ☐ Addition TITLE TITLE SINCLAIR, LESLIE NAME NAME STREET ADDRESS STREET ADDRESS 13631 LEARNING CT CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33919

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:

SIG

Attachment Doc# N99000001788 BOUN923

## 2001 UNIFORM BUSINESS REPORT

LINE 11. ADDITIONS

SEC JANET HOMMERBOCKER 5820 BUCKINGHAM RD FORT MYERS, FL 33905

DIRECTOR BARBARA MANZO 3410 PALM BEACH BLVD. FT. MYERS, FL 33916

DIRECTOR CAROL BROTHERTON 2366 E. MALL DR. # 216 FORT MYERS, FL 33901

DIRECTOR DON PAYNE 2055 CENTRAL AVE FORT MYERS, FL 33901