# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2002 8:00 am**
**Secretary of State**
04-24-2002 90489 005 ****61.25

DOCUMENT # N99000001788

1. Entity Name

ENHANCE-ABILITIES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| GULF COAST CENTER 5820 BUCKINGHAM RD.<br>FT.MYERS FL 33905 | GULF COAST CENTER<br>6561 SANDSPUR LANE<br>FORT MYERS FL 33919 |

90250

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 | 7. Name and Address of New Registered Agent |
|---|---|
| WOOD, BARBARA L<br>6561 SANDSPUR LANE<br>FT.MYERS FL 33919 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 4-12-02
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**

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 | P<br>WOOD, BARBARA L<br>6561 SANDSPUR LN<br>FORT MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GREENE, MANCI DR<br>3640 LIBERTY SQUARE<br>FORT MYERS FL 33908 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, BARBARA<br>2055 CENTRAL AVE<br>FORT MYERS FL 33901-3988 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | JANET HOMMER DOCKEN<br>5820 BUCKINGHAM Rd<br>FT. MYERS, FL. 33905<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WOOD, CHISTOPHER P<br>6501 SANDSPUR LN<br>FORT MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DUSTER, AMANDA<br>3410 PALM BEACH BLVD<br>FORT MYERS FL 33916 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WUSTER, AMANDA<br>3410 PALM BEACH BLVD<br>FORT MYERS FL 33916 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 4-12-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #