

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001788

FILED
Sep 10, 2003
Secretary of State

Entity Name: ENHANCE-ABILITIES, INC.

Current Principal Place of Business:

GULF COAST CENTER, 5820 BUCKINGHAM RD.
FT. MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

GULF COAST CENTER
6561 SANDSPUR LANE
FORT MYERS, FL 33919

New Mailing Address:

MARCI GREENE
3640 LIBERTY SQUARE
FORT MYERS, FL 33908 US

FEI Number: 65-0907643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DONALD, ROBERT L
1375 JACKSON STREET
SUITE 402
FT. MYERS, FL 33901 US

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: ROBERT L. DONALD

09/10/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOOD, BARBARA L
Address: 6561 SANDSPUR LN
City-St-Zip: FORT MYERS, FL 33919

Title: VPD () Delete
Name: GREENE, MARCI DR
Address: 3640 LIBERTY SQUARE
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: HOMMERDOCKER, JANET
Address: 5820 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: TD () Delete
Name: WOOD, CHRISTOPHER P
Address: 6501 SANDSPUR LN
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GREENE, MARCI R DR.
Address: 3640 LIBERTY SQUARE
City-St-Zip: FORT MYERS, FL 33908 US

Title: VPD (X) Change () Addition
Name: DONALD, ROBERT L
Address: 1375 JACKSON ST. SUITE 402
City-St-Zip: FORT MYERS, FL 33901 US

Title: SD (X) Change () Addition
Name: WATCH, JENNIFER
Address: 1137 SW 45TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: TD (X) Change () Addition
Name: GREENE, PATRICK J DR.
Address: 3640 LIBERTY SQUARE
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCI R. GREENE

PD

09/10/2003

Electronic Signature of Signing Officer or Director

Date