

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 05, 2000 8:00 am**  
**Secretary of State**

09-05-2000 90025 037 \*\*\*\*61.25

**DOCUMENT # N99000004619**

1. Entity Name

**GLOBAL LIFE ENHANCEMENT CENTER, INCORPORATED**



Principal Place of Business

Mailing Address

NAVY PARK PLAZA  
 3960 NAVY BLVD., UNIT 20A  
 PENSACOLA FL 32506

P. O. BOX 36152  
 PENSACOLA FL 32516

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

593590467

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLQUITT, LINDA A E  
 422 TALLOWTREE DR.  
 PENSACOLA FL 32506

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

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	<b>D</b> COLQUITT, LINDA A	<input type="checkbox"/> Delete
STREET ADDRESS	422 TALLOWTREE DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE NAME	<b>D</b> COLQUITT, GREGORY L	<input type="checkbox"/> Delete
STREET ADDRESS	422 TALLOWTREE DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE NAME	<b>D</b> EBERHART, GEORGE W JR.	<input type="checkbox"/> Delete
STREET ADDRESS	422 TALLOWTREE DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
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		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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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 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:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-00

Date

Daytime Phone #

CR2E037 (5/00)