

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90428 050 \*\*\*\*61.25

0088056

**DOCUMENT # N99000004619**

1. Entity Name

**GLOBAL LIFE ENHANCEMENT CENTER, INCORPORATED**

Principal Place of Business

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

Mailing Address

P. O. BOX 36152  
 PENSACOLA FL 32516

300000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3590467**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_

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

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| 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: *Linda A. Colquitt*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

Date

Daytime Phone #

CR2E037 (10/00)