

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90046 002 \*\*\*150.00

**DOCUMENT # P00000112877**

1. Entity Name  
**FAMILY ENHANCEMENT GROUP, INC.**

Principal Place of Business  
**MOORINGS PROFESSIONAL BUILDING**  
**2335 TAMiami TR. NORTH. STE. #407**  
**NAPLES FL 34103**

Mailing Address  
**MOORINGS PROFESSIONAL BUILDING**  
**2335 TAMiami TR. NORTH. STE. #407**  
**NAPLES FL 34103**



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 **59-3686389**

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

7. Name and Address of New Registered Agent

~~DARNELL, PHILIP B.~~  
~~4352 TAMiami TR. EAST, #205~~  
~~NAPLES FL 33942~~

Name **FREDERICK M. NOLD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 LIVERMORE LANE**  
 City **NAPLES** FL Zip Code **34109**

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 *Frederick M. Nold* DATE **01/10/02**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NOLD, DEE DEE</b>	
STREET ADDRESS	<b>200 LIVERMORE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL <del>34104</del> 34119</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARNELL, MICHELLE L</b>	
STREET ADDRESS	<b>3420 BEDFORD COURT 447 1ST AVE. N</b>	
CITY-ST-ZIP	<b>NAPLES FL <del>34112</del> 34102</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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>34119</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>447 1ST AVE. N.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frederick M. Nold* Pres DATE: **1/10/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MS2721 AV

CR2E034 (9/01)