

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90159 017 ****61.25

DOCUMENT # N00000006069

1. Entity Name

ASSESSMENT & TRAINING SERVICES, INCORPORATED

Principal Place of Business

Mailing Address

915 MIDDLE RIVER DR. SUITE 204
 FT LAUDERDALE FL 33304

915 MIDDLE RIVER DR. SUITE 204
 FT LAUDERDALE FL 33304

00038400



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

65-1083672

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

BESNER, HILDA
915 MIDDLE RIVER DR, SUITE 204
FT LAUDERDALE FL 33304

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	Director <input type="checkbox"/> Delete
NAME	Joel Kimmel
STREET ADDRESS	915 Middle River Dr # 204
CITY-ST-ZIP	Ft. Lauderdale 33304
TITLE	Director <input type="checkbox"/> Delete
NAME	Hilda Besner
STREET ADDRESS	915 Middle River Dr # 204
CITY-ST-ZIP	Ft Lauderdale, 33304
TITLE	Director <input type="checkbox"/> Delete
NAME	Elizabeth Blake
STREET ADDRESS	915 Middle River Dr # 204
CITY-ST-ZIP	Ft Lauderdale 33304
TITLE	Director <input type="checkbox"/> Delete
NAME	Robert Kelley
STREET ADDRESS	915 Middle River Dr #204
CITY-ST-ZIP	Ft Lauderdale 33304
TITLE	Director <input type="checkbox"/> Delete
NAME	David Ferguson
STREET ADDRESS	915 Middle River Dr #204
CITY-ST-ZIP	Ft Lauderdale 33304
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	
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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: SIGNATURE REQUIRED Elizabeth Blake **4/12/01 954 566-0388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)