

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90035 004 \*\*\*\*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

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

**65-1083672**

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

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KIMMEL, JOEL</b>
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE # 204</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BESNER, HILDA</b>
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE # 204</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BLAKE, ELIZABETH</b>
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE # 204</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KELLY, ROBERT</b>
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE # 204</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FERGUSON, DAVID</b>
STREET ADDRESS	<b>915 MIDDLE RIVER DRIVE #204</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>
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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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: \_\_\_\_\_

**REQUIRED**

3/12/02

(954)763-6557

CP2E037 (9/01)