

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006069

1. Entity Name

ASSESSMENT & TRAINING SERVICES, INCORPORATED

Principal Place of Business

915 MIDDLE RIVER DR. SUITE 204
FT LAUDERDALE FL 33304

Mailing Address

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

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

TITLE D ☐ Delete
NAME KIMMEL, JOEL
STREET ADDRESS 915 MIDDLE RIVER DRIVE # 204
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME BESNER, HILDA
STREET ADDRESS 915 MIDDLE RIVER DRIVE # 204
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME BLAKE, ELIZABETH
STREET ADDRESS 915 MIDDLE RIVER DRIVE # 204
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME KELLY, ROBERT
STREET ADDRESS 915 MIDDLE RIVER DRIVE # 204
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME FERGUSON, DAVID
STREET ADDRESS 915 MIDDLE RIVER DRIVE #204
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Elizabeth Blake REQUIRED

3/12/02

(954) 763-6557



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)