

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90116 008 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1083672		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMMEL, JOEL			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BESNER, HILDA			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLAKE, ELIZABETH			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, ROBERT			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE # 204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, DAVID			NAME			
STREET ADDRESS	915 MIDDLE RIVER DRIVE #204			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33304			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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* RECEIVED **4/3/03 (954) 566-0388**

CR2E037 (10/02)