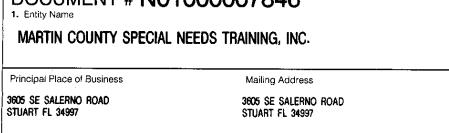
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100007846 1. Entity Name MARTIN COUNTY SPECIAL NEEDS TRAINING, INC.

FILED May 06, 2002 8:00 am Secretary of State 05-06-2002 90118 027 ****61.25



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						BIND HIND OF THE ABOUT BOOK BOOK	60 711 2 000 1 10111 01	A (A A (A	
2. Principal I	Place of Business	3. Mailing Address	Mailing Address						
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State	City & State			4. FEI Number Applied For Not Applied For			
Zip Country Z		Zip	Zip Cou			5. Certificate of Status Desired \$8.75 Addition			
والمارات والمواضعين الماريزة ومعا	6: Name and Address of Current:	Registered Agent				dress of New Registere	Fee Require	d	
		- Indiana Augusta		Name	P 111 Haine and Au	uress or New Registere	o Agent		
	, ELIZABETH R SAU TERRACE				Street Address (P.O. Box Number is Not Acceptable)				
STUART F									
			Cit			F	Zip Cod	e	
8. The above	e named entity submits this statement for	the purpose of changing	its registere	ed office or regi	stered agent, or both, in	the state of Florida.			
								,	
SIGNATURE									
O/GNATORE	Signature, typed or printed name of registered agent a	and title if applicable. (No	OTE: Registered	Agent signature req	uired when reinstating)	DATE		`	
		<u> </u>	-			1			
FILE NOW: FEE IS \$61.25					\$5.00 May Be	\$5.00 May Be Make Check Payable to			
	는 HOW. TEE 10 \$01.25	Trust Fund	Trust Fund Contribution.				ent of State		
10.	OFFICERS AND DIR	ECTORS	T		ADDITIONIO (OLIANIO	TO TO OFFICE OF A LIE			
	D OFFICERS AND DIR		11.		ADDITIONS/CHANG	ES TO OFFICERS AND D			
NAME	FELDMAN, ELIZABETH R	☐ Delete	TITLE		illiam So	018070	☐ Change	Addition	
STREET ADDRESS	5181 NASSAU TERRACE			T ADDRESS	043 SW	Marco Lan	e] [
CITY-ST-ZIP	STUART FL 34997			I 29	alm Citu	FL 3496	ĩo		
TITLE	D .	□ Delete	TITLE				Change	Addition	
NAME	COHEN, JERRY		NAME	מי	severly B	erler		_ [
STREET ADDRESS	13 FAIRWAY CIRCLE S		STREE	T ADDRESS	3018 Tou	chstone P	lace		
CITY-ST-ZIP	MANAHASSETT NY		_CITY_	ST-ZIP D	alm-Bead	chstone P ch-Garden	s=FL=E	33418	
TITLE	D	☐ Delete	TITLE	11		<u> </u>	Change	Addition	
NAME	FELDMAN, CHARLES		NAME	Pa	atricia	Schwart:	Z .	1	
STREET ADDRESS	5181 NASSAU TERRACE	•		TADDRESS 👍 (495 SE C	ricle 24	•	1	
CITY-ST-ZIP	STUART FL 34997		CITY-	ST-ZIP	obe Soun	d FL 33	455		
TITLE		☐ Delete	TITLE	Ţ			Change	Addition	
NAME STORE ADDRESS			NAME		iarlene h	loddy			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS	3 5 5 ,5,ψ :	3310-24	2.6		
			 -	ST-ZIP P	alm City	FL 3499	•		
TITLE NAME		☐ Delete	TITLE	Τ.	. 11 .	D. dd.	Change	Addition	
STREET ADDRESS			NAME	T ADDRESS S	amantha.	Roddy		\$	
CITY-ST-ZIP				ST-ZIP	355 SW	3315 25	29 <i>0</i>	}	
TITLE		☐ Delete	TITLE		aim City	4, FL 34	<u>170</u> Change	Addition	
NAME		TT Delete	NAME				☐ change	☐ Accition	
STREET ADDRESS		,		T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
12. I hereby o	certify that the information supplied with	this filing does not qualify f	or the exen	ption stated in	Section 119.07(3)(i), Flo	orida Statutes. I further ce	ertify that the in	formation	

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:

172-186-0034