

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003597

1. Entity Name

JOB TRAINING CENTERS, INC.

Principal Place of Business

810 S 6TH ST
FORT PIERCE FL 34950
US

Mailing Address

810 S 6TH ST
FORT PIERCE FL 34950
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FARRELL, RICHEY L
1595 SW PT ST LUCIE BLVD
ST LUCIE FL 34952

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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 FARRELL, RIKHEY L
STREET ADDRESS 1595 SE PT ST LUCIE BLVD
CITY-ST-ZIP PT ST LUCIE FL 34952

TITLE D ☐ Delete
NAME PRUITT, KEN
STREET ADDRESS 2500 SE MIDPORT ROAD STE 320
CITY-ST-ZIP PT ST LUCIE FL 34952

TITLE D ☒ Delete
NAME FOGAL, CHRISTOPHER
STREET ADDRESS 415 S SECOND ST STE 200
CITY-ST-ZIP FT PIERCE FL 34950

TITLE D ☐ Delete
NAME MASCIOLI, I A
STREET ADDRESS 1004 S US HWY ONE
CITY-ST-ZIP FT PIERCE FL 34950

TITLE D ☐ Delete
NAME LINDSEY, GARY
STREET ADDRESS 1015 48TH TERR
CITY-ST-ZIP VERO BEACH FL 32966

TITLE D ☒ Delete
NAME HOOKER, DEBORAH
STREET ADDRESS 207 NORTHWEST 2ND ST
CITY-ST-ZIP OKEECHOBEE FL 34972

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director ☐ Change ☒ Addition
NAME Debra Raneri
STREET ADDRESS 810 South 6th Street
CITY-ST-ZIP FT. Pierce FL 34950

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

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

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

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:

Debra Raneri

Debra Raneri

7/13/01

561/465-8844

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90233 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)