

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 03, 2002 8:00 am**
Secretary of State

06-03-2002 91162 005 ****61.25

DOCUMENT # N96000003597

1. Entity Name

JOB TRAINING CENTERS, INC.

Principal Place of Business

Mailing Address

**810 S 6TH ST
FORT PIERCE FL 34950
US****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

4. FEI Number

65-0685092

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

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

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 \$61.259. 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	D	<input type="checkbox"/> Delete
NAME	FARRELL, RIKHEY L	
STREET ADDRESS	1595 SE PT ST LUCIE BLVD	
CITY-ST-ZIP	PT ST LUCIE FL 34952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	PRUITT, KEN	
STREET ADDRESS	2500 SE MIDPORT ROAD STE 320	
CITY-ST-ZIP	PT ST LUCIE FL 34952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RANERI, DEBRA	
STREET ADDRESS	810 SOUTH 6TH STREET	
CITY-ST-ZIP	FT PIERCE FL 34950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	MASCIOLI, I A	
STREET ADDRESS	1004 S US HWY ONE	
CITY-ST-ZIP	FT PIERCE FL 34950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	LINDSEY, GARY	
STREET ADDRESS	1015 48TH TERR	
CITY-ST-ZIP	VERO BEACH FL 32966	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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:**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/10/02

561/465-8844

Date

Daytime Phone #

CR2E037 (9/01)