

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90068 024 ****61.25

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
3209 Virginia Ave
Suite, Apt. #, etc.

3. Mailing Address
3209 Virginia Ave
Suite, Apt. #, etc.

City & State
Fort Pierce, FL
Zip
34981-5599
Country
USA

City & State
Fort Pierce, FL
Zip
34981-5599
Country
USA

4. FEI Number **65-0685092**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

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
Florida 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 **RANERI, DEBRA**
STREET ADDRESS **810 SOUTH 6TH STREET**
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 ☐ 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 **Raneri, Debra**
STREET ADDRESS **3209 Virginia Ave**
CITY-ST-ZIP **Fort Pierce, FL 34981**

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

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]**

CR2E037 (10/02)