

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90067 025 ***150.00

0037189 AV

DOCUMENT # P96000040188

1. Entity Name
ASSESSMENT TECHNOLOGIES GROUP, INC.

Principal Place of Business 4899 BELFORT ROAD SUITE 190 JACKSONVILLE FL 32256	Mailing Address 4899 BELFORT ROAD SUITE 190 JACKSONVILLE FL 32256
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2. Principal Place of Business		3. Mailing Address P.O. Box 551260	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32255	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3401663		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POLLAN, STEPHEN 3733 UNIVERSITY BLVD. WEST STE 300 JACKSONVILLE FL 32217		7. Name and Address of New Registered Agent Name Michael N. Schneider Street Address (P.O. Box Number is Not Acceptable) 5150 Belfort Road #100 City Jacksonville FL Zip Code 32256

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 *Michael N. Schneider* DATE 3/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLAN, STEPHEN 3733 UNIVERSITY BLVD. WEST STE 300 JACKSONVILLE FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pollan, Stephen 4899 Belfort Road, #190 Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRIEGER, LESLIE H 3733 UNIVERSITY BLVD. WEST STE 300 JACKSONVILLE FL 32217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Krieger, Leslie H. 4899 Belfort Road #190 Jacksonville, FL 32256 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen Pollan* DATE 01/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)