

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90247 011 ****61.25

DOCUMENT # **N46323**
 1. Entity Name
PARENTS INVOLVED IN EDUCATION, INC.

Principal Place of Business Mailing Address
GIFFORD COMMUNITY CENTER **2556 44TH STREET**
VERO BEACH FL 32967 **VERO BEACH FL 32967**
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4835 43rd Ave. **VERO BEACH FL.**
 City & State City & State
32967 I.B.C. **32967 F.B.C.**
 Zip Country Zip Country

4. FEI Number **59-3146886** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACKSON, PEARL
2556 44 ST
VERO BEACH FL 32967

7. Name and Address of New Registered Agent
 Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
11
 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 *Pearl Jackson* DATE **4/29/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	JACKSON, PEARL	2556 44TH ST.	VERO BEACH FL	<input type="checkbox"/> Delete
D	PHINEZEE, WILLIE M	4805 35TH AVE.	VERO BEACH FL	<input type="checkbox"/> Delete
D	WILLIAMS, BERTHA L	4246 31ST AVE.	VERO BEACH FL	<input type="checkbox"/> Delete
D	POWELL, ANNIE L	4606 30TH AVE.	VERO BEACH FL	<input type="checkbox"/> Delete
D	BUCKNER, LUCILLE	4355 34TH CT.	VERO BEACH FL	<input type="checkbox"/> Delete
D	PINKNEY, RACHEL	2820 41ST ST.	VERO BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 another if empowered.

SIGNATURE: *Pearl Jackson* DATE **4/29/02** Daytime Phone # **(772) 569-1830**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)