

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

03-16-2001 90038 028 ****61.25

DOCUMENT # N00000003389

1. Entity Name

PEOPLE ASSISTING CHILDREN'S EDUCATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7432
PORT ST. LUCIE FL 34985-7432P.O. BOX 7432
PORT ST. LUCIE FL 34985-7432

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 **65-1011728**

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

TRIMARCO, ROBERT
3216 S.E. WEST SNOW RD.
PORT ST. LUCIE FL 34984

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

 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Delete	P D	Robert Trimarco	3216 SE West Snow Rd	Port St Lucie, FL 34984
			<input type="checkbox"/> Delete	D	Janet Brewi	241 SW Todd Ave	Port St Lucie, FL 34983
			<input type="checkbox"/> Delete	D	Robert McCarten	2971 SE Eagle Rd	Port St Lucie, FL 34984
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				
			<input type="checkbox"/> Delete				

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:
Robert Trimarco
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/25/01

(561) 461-6669

Date

Daytime Phone #

CR2037 (10/00)