

# 2002 UNIFORM BUSINESS REPORT (UBR)

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 34985-7432

P.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

Robert Trimarco

Street Address (P.O. Box Number is Not Acceptable)

123 SW Sebring Circle

City

Port St Lucie

FL

Zip Code  
34953

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

*Robert Trimarco*

, President

April 10, 2002

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 PD  
NAME TRIMARCO, ROBERT ☐ Delete  
STREET ADDRESS 3216 SE WEST SNOW RD  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE PD ☒ Change ☐ Addition  
NAME Trimarco, Robert  
STREET ADDRESS 123 SW Sebring Circle  
CITY-ST-ZIP Port St Lucie, FL 34953

TITLE D ☒ Delete  
NAME BREWI, JANET  
STREET ADDRESS 241 SW TODD AVE  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE D ☐ Change ☒ Addition  
NAME R. Dale Bass  
STREET ADDRESS 8686 Andrews Ave  
CITY-ST-ZIP Fort Pierce, FL 34945

TITLE D ☒ Delete  
NAME MCCARTEN, ROBERT  
STREET ADDRESS 2971 SE EAGLE RD  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE D ☐ Change ☒ Addition  
NAME Daniel Kittrell  
STREET ADDRESS 257 Marina Drive  
CITY-ST-ZIP Fort Pierce, FL 34949

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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:

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

April 10, 2002 (772) 530-1058

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE