**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2002 8:00 am Secretary of State **DOCUMENT # N09608** 04-28-2002 90716 001 \*\*\*122.50 PEOPLE'S CHILD CARE CENTER, INC. Principal Place of Business Mailing Address 106 MILITARY TRAIL 106 MILITARY TRAIL JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0048679 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, CLAUDE R. -106-MILITARY BLVD JUPITER FL 33458 Zip Code FL 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) ţ 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD Delete TITI F Addition penwell, William 124 RAINTREE TRAIL NAME PLANK, WILLIAM NAME STREET ADDRESS 72 CAMELIA CIR. STREET ADDRESS Jupiter, FL 33458 CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Vo Casto Tina 315 West 30d St. Jupiter, PL 33458 TITLE AS Addition TITLE ☐ Change -)elete NAME WHITE, CHARLES NAME STREET ADDRESS 535 E.INDIANTOWN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL TITLE VD Delete TITLE ☐ Change Addition Van Derlip, Barbara 3010 Pinderest Circle Supiter, FL 33458 NAME ROGERS, PAUL NAME STREET ADDRESS 11645 -154TH RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter fl TITLE **☑** Delete TITLE ☐ Change Addition reenlaw, Sharon J Banyan Circle Jup; ter, FL 33458 NAME BROOKS, EDNA M NAME STREET ADDRESS STREET ADDRESS 808 HAWTHORNE DR CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

4-10-02 (561)746-4330