

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46323

1. Entity Name

PARENTS INVOLVED IN EDUCATION, INC.

Principal Place of Business

GIFFORD COMMUNITY CENTER  
VERO BEACH FL 32967

Mailing Address

2556 44TH STREET  
VERO BEACH FL 32967  
US

2. Principal Place of Business

4835 43rd Ave.

Suite, Apt. #, etc.

VERO BEACH FL

City & State

32967 I.B.C.

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

VERO BEACH FL

City & State

32967 F.B.C.

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3146886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Same

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

City

FL

Zip Code

6. Name and Address of Current Registered Agent

JACKSON, PEARL  
2556 44 ST  
VERO BEACH FL 32967

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 *Paul Jackson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE: *Paul Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/02 (772) 569-1030

CR2E037 (9/01)