

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90169 049 \*\*\*150.00

**DOCUMENT #** P01000042566

1. Entity Name

PERSONALIZED EDUCATIONAL SERVICES, INC.  
4517 PALMRIDGE BLVD.  
DELRAY BEACH, FL. 33445



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4517 PALMRIDGE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH

City & State

4. FEI Number

65-1095496

Applied For

Not Applicable

Zip

FL

Country

Zip

33445

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

BARTON CHARLIP

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

4517 PALMRIDGE DRIVE

DELRAY BEACH

City

DELRAY BEACH

FL

Zip Code

33445

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Barton Charlip* BARTON CHARLIP

4/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
BARTON CHARLIP  
4517 PALMRIDGE DRIVE  
DELRAY BEACH, FL. 33445

TITLE  
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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barton Charlip* BARTON CHARLIP

4/6/03

561-498-2489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)