

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90209 005 \*\*\*150.00

DOCUMENT # L90193

1. Entity Name  
THE BRILLIS CORPORATION



Principal Place of Business

~~688 MAITLAND AVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
~~US~~

Mailing Address

~~688 MAITLAND AVE~~  
~~ALTAMONTE SPRINGS FL 32701~~  
~~US~~



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1115 N. Ronald Reagan Blvd  
Suite, Apt. #, etc.  
#115

3. Mailing Address

P.O. Box 300106  
Suite, Apt. #, etc.

City & State

Longwood, FL

City & State

Fern Park, FL

Zip

32750

Country

USA

Zip

32730

Country

USA

4. FEI Number

59-3019377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRILLIS, SARAL  
113 EASTWIND LN  
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name: Debra E. Roberts  
Street Address (P.O. Box Number is Not Acceptable): 1115 N. Ronald Reagan Blvd #115  
City: Longwood FL Zip Code: 32750

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	P	<input type="checkbox"/> Delete
NAME	ROBERTS, DEBRA E	
STREET ADDRESS	674 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRILLIS, CHAD M	
STREET ADDRESS	674 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	S	<input type="checkbox"/> Delete
NAME	HUDSON, WENDY B	
STREET ADDRESS	674 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1115 N. Ronald Reagan Blvd #115	
STREET ADDRESS	Longwood, FL 32750	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1115 N. Ronald Reagan Blvd #115	
STREET ADDRESS	Longwood, FL 32750	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all or no like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/03

CR2E034 (10/02)