

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90021 020 \*\*\*150.00

**DOCUMENT # P97000045907**

1. Entity Name  
**ABC SELF STUDY, INC.**



Principal Place of Business  
**068 MAITLAND AVE**  
**ALTAMONTE SPRINGS FL 32701**  
**US**

Mailing Address  
**068 MAITLAND AVE**  
**ALTAMONTE SPRINGS FL 32701**  
**US**

**60004824**



2. Principal Place of Business

**1115 N. Ronald Reagan Blvd**

Suite, Apt. #, etc.  
**115**

City & State  
**Longwood, FL**

Zip  
**32750**

Country  
**USA**

3. Mailing Address

**1115 N. Ronald Reagan Blvd**

Suite, Apt. #, etc.  
**#115**

City & State  
**Longwood, FL**

Zip  
**32750**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3448209**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRILLIS, SARA B**  
**113 EASTWIND LANE**  
**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 **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 **Debra E. Roberts**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☒ Delete  
NAME **BURTON, BRILLIS S**  
STREET ADDRESS **113 EAST WIND LANE**  
CITY-ST-ZIP **FERN PARK FL 32730**

TITLE **VP** ☐ Delete  
NAME **ROBERT, DEBRA E**  
STREET ADDRESS **674 MAITLAND AVE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **S** ☐ Delete  
NAME **BRILLIS, CHAD M**  
STREET ADDRESS **812 WALNUT LANE**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **T** ☐ Delete  
NAME **BRILLIS, WENDY A**  
STREET ADDRESS **115 EAST WIND LANE**  
CITY-ST-ZIP **FERN PARK FL 32730**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **President** ☒ Change ☐ Addition  
NAME **Debra E. Roberts**  
STREET ADDRESS **1115 N. Ronald Reagan Blvd #115**  
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Chad M. Brillis**  
STREET ADDRESS **1115 N. Ronald Reagan Blvd #115**  
CITY-ST-ZIP **Longwood, FL 32750**

TITLE **Secretary** ☒ Change ☐ Addition  
NAME **Wendy B. Hudson**  
STREET ADDRESS **1115 N. Ronald Reagan Blvd #115**  
CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Change ☐ Addition  
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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without being empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)