

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90161 017 ***150.00

DOCUMENT # F00000004759



1. Entity Name
REGAL DISCOUNT SECURITIES, INC.

Principal Place of Business
**950 MILWAUKEE AVE - SUITE 307
GLENVIEW IL 60025**

Mailing Address
**950 MILWAUKEE AVE - SUITE 307
GLENVIEW IL 60025**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2916812**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOKIOS, GEORGE
420 CELEBRATION AVE.
CELEBRATION FL 34747**

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOKIOS, GEORGE	
STREET ADDRESS	420 CELEBRATION AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	EV	<input type="checkbox"/> Delete
NAME	MUKOYAMA, JAMES H JR	
STREET ADDRESS	4009 TRACEY COURT	
CITY-ST-ZIP	GLENVIEW IL 60025	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOKIOS, STEVEN G	
STREET ADDRESS	110 E DELAWARE	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILLAFLO, ROBERT	
STREET ADDRESS	1411 W GEOME 2ND FLOOR	
CITY-ST-ZIP	CHICAGO IL 60157	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALTER, ROBERT	
STREET ADDRESS	3501 JAY LANE	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARROLL, VICTORIA	
STREET ADDRESS	1 JANE LANE	
CITY-ST-ZIP	BARMNTON HILLS IL 60011	

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

SIGNATURE: *Signature Required* **GEORGE BOKIOS** **2/04/03** **842-325-6059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)