

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005594

1. Entity Name

MID-CONTINENTAL SECURITIES CORP.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90035 005 \*\*\*150.00

Principal Place of Business

Mailing Address

835 BENTWATER CIRCLE #201  
NAPLES FL 34108

835 BENTWATER CIRCLE #201  
NAPLES FL 34108-6782

2. Principal Place of Business

713 Pineside Ln.

3. Mailing Address

713 Pineside Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

36-3706151

Applied For

Not Applicable

Zip

34108

Country

U.S.

Zip

34108

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, MARK  
835 BENTWATER CIRCLE #201  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Mark Anthony

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

713 Pineside Ln

City

Naples

FL

Zip Code

34108

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CPD ☐ Delete  
NAME ANTHONY, MARK  
STREET ADDRESS 835 BENTWATER CIRCLE #201  
CITY-ST-ZIP NAPLES FL 34108

TITLE S ☐ Delete  
NAME SHIPPES, MICHELLE  
STREET ADDRESS 195 10TH AVE  
CITY-ST-ZIP NY NY

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☒ Change ☐ Addition  
NAME Mark Anthony  
STREET ADDRESS 713 Pineside Ln  
CITY-ST-ZIP Naples, FL 34108

TITLE S ☒ Change ☐ Addition  
NAME Michelle Suppes  
STREET ADDRESS 195 10th Ave  
CITY-ST-ZIP NY, NY 10011

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Anthony

2-2-00

(212) 644-5440

Date

Daytime Phone #