

2001 UNIFORM BUSINESS REPORT (UBR)

02-13-2002 90109 027 ***900.00

F98000005594

DOCUMENT # **F98000005594**

1. Entity Name
MID-CONTINENTAL SECURITIES CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB 19 AM 9:17

Principal Place of Business
**913 PINESIDE LN
NAPLES FL 34108**

Mailing Address
**713 PINESIDE LN
NAPLES FL 34108**



REINSTATEMENT
DO NOT WRITE IN THIS SPACE **01-02**

2. Principal Place of Business
5150 N. TAMiami TRAIL

3. Mailing Address
5150 N. TAMiami TRAIL

Suite, Apt. #, etc.
202

City & State
NAPLES, FL

City & State
NAPLES, FL

Zip
34103

Country
US

Zip
34103

Country
USA

4. FEI Number
36-3706151

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANTHONY, MARK
710 PINESIDE LN
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name
JAMES H. SEASON

Street Address (P.O. Box Number is Not Acceptable)
5150 TAMiami TRAIL NORTH # 202

City
Naples

State
FL

Zip Code
34103

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
JAMES H. SEASON, VICE PRESIDENT *James H. Season* **1-20-2002**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	CPSD ANTHONY, MARK 713 PINESIDE LN NAPLES FL 34108
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUPPAS, MICHELLE 195 48TH AVE NEW YORK NY 10011
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES H. SEASON 5150 TAMiami TRAIL # 202 NAPLES, FL 34103
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5150 TAMiami TRAIL NORTH # 202 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUPPAS, MICHELLE 5150 TAMiami TRAIL NORTH # 202 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE PRESIDENT JAMES H. SEASON 5150 TAMiami TRAIL NORTH NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Anthony* **REQUIRED** **12/26/01** **941-430-2222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)