

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90172 004 \*\*\*150.00

0455942 AV

**DOCUMENT # K22814**

1. Entity Name

**MIDLAND SECURITIES CORPORATION**



Principal Place of Business

**33 NORTH GARDEN AVENUE  
SUITE 1200  
CLEARWATER FL 33755  
US**

Mailing Address

**33 NORTH GARDEN AVENUE  
SUITE 1200  
CLEARWATER FL 33755  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-2892495**

Applied For

Not Applicable

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

**BANKS, ROBERT J  
33 N GARDEN AVENUE  
SUITE 1200  
CLEARWATER FL 33755**

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 **DCP** ☐ Delete  
NAME **BANKS, ROBERT J**  
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☒ Addition  
NAME **Mark H. Joseph**  
STREET ADDRESS **218 N. Charles St., Ste. 800**  
CITY-ST-ZIP **Baltimore MD 21201** Director

TITLE **S** ☐ Delete  
NAME **GLOECKL, KEITH J**  
STREET ADDRESS **33 N GARDEN AVE, SUITE 1200**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☒ Addition  
NAME **Michael C. Falcone**  
STREET ADDRESS  
CITY-ST-ZIP Director

TITLE **EVPT** ☐ Delete  
NAME **REYNOLDS, DON R**  
STREET ADDRESS **33 N GARDEN AVE STE 1200**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ Change ☒ Addition  
NAME **Michelle Harris**  
STREET ADDRESS  
CITY-ST-ZIP Vice President

TITLE **AS** ☐ Delete  
NAME **CHEERS, LINDA D**  
STREET ADDRESS **33 N GARDEN AVE STE 1200**  
CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 with another like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**443-243-2900**

CR2E034 (10/02)