

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90212 048 \*\*\*150.00

**DOCUMENT # K23650**

1. Entity Name  
**MID-CITY CORP.**

Principal Place of Business Mailing Address  
**5624 NW 48TH AVE UNIT 202 P.O. BOX 984005 UNIT 202**  
**CORAL SPRINGS FL 33067 STE 108 MARGATE FL 33103 STE 108**  
**US 478 E. ALTAMONTE DR US 478 E. ALTAMONTE DR**  
**ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPR.**

2. Principal Place of Business 3. Mailing Address  
**478 E. ALTAMONTE DR 478 E. ALTAMONTE DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STE 108 UNIT 202 STE 108 UNIT 202**  
 City & State City & State  
**ALTAMONTE SPRINGS ALTAMONTE SPRINGS**  
 Zip Country Zip Country  
**32701 SEMINOLE 32701 SEMINOLE**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0054274** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**MEARS, DAVID J UNIT #202 SUITE 108**  
**345 SO NORTH LAKE BLVD #1124 478 E. ALTAMONTE DR**  
**ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS**  
**FL 32701**

## 7. Name and Address of New Registered Agent

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.

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, 2002 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 **PRESIDENT** ☐ Delete  
 NAME **DAVID J. MEARS - UNIT 202**  
 STREET ADDRESS **478 E. ALTAMONTE DR. STE 108**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: **DAVID J. MEARS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-15-02** Daytime Phone # **954-270-6004**

CR2E034 (9/01)