

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90142 028 ***150.00

DOCUMENT # K23650

1. Entity Name
MID-CITY CORP.



Principal Place of Business
**478 E. ALTAMONTE DR
STE 108 UNIT 202
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address
**478 E. ALTAMONTE DR
STE 108 UNIT 202
ALTAMONTE SPRINGS FL 32701
US**

2. Principal Place of Business
P.O. Box 934069
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 934069
Suite, Apt. #, etc.

City & State
MARGATE FL

City & State
MARGATE FL

4. FEI Number **65-0054274**

Applied For
Not Applicable

Zip **33093** Country **BROWARD**

Zip **33093** Country **BROWARD**

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MEARS, DAVID J
478 E. ALTAMONTE DR
UNIT 202, STE 108
ALTAMONTE SPRINGS FL 32067**

7. Name and Address of New Registered Agent

Name **MEARS, DAVID J. UNIT 167**
Street Address (P.O. Box Number is Not Acceptable) **10130 NORTH LAKE Blvd Ste 214**
City **WEST Palm Beach FL** Zip Code **33412**

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

TITLE **PD** ☒ Delete
NAME **MEARS, DAVID J**
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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MEARS, DAVID J. UNIT 167**
STREET ADDRESS **10130 NORTH LAKE Blvd, STE 214**
CITY-ST-ZIP **WEST Palm Beach FL 33412**

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

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 all other like empowered.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)