

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90100 049 ***150.00

DOCUMENT # P01000050807

1. Entity Name

VOLUSIA SECURITIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 1192

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1192

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Smyrna Bch

City & State

New Smyrna Bch

4. FEI Number

Applied For

☒ Not Applicable

Zip

FL

Country

32170

Zip

FL

Country

32170

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mary M. Crawford

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

2271 Sierra Drive

City

New Smyrna Bch

FL

Zip Code

32168

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

Mary M. Crawford

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

MARY M. CRAWFORD

(NOTE: Registered Agent signature required when reinstating)

4-17-02

DATE

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

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P

ANNE T. MIKKONEN

2271 SIERRA DRIVE

NEW SMYRNA BCH FL 32168

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Anne T. Mikkonen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne T. Mikkonen President

4-17-02

Date

Daytime Phone #

CR2E034B (12/01)