

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

FILED
Apr 23, 2003 8:00 A.M
Secretary of State

DOCUMENT # **P01000050807**

1. Entity Name

VOLUSIA SECURITIES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Calle Avila
19A

3. Mailing Address

Calle Avila
19A

DO NOT WRITE IN THIS SPACE

03

City & State

ALCALA DE HENARES

City & State

ALCALA DE HENARES

4. FEI Number

Applied For

☒ Not Applicable

Zip

28804

Country

MADRID SPAIN

Zip

28804

Country

MADRID SPAIN

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box or other address)

Capital Connection, Inc.

417 E. Virginia St.

Ste. #1

City

Tallahassee, FL 32301 FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

Stacey Leggett for Capital Connection Inc **4-23-03**

Signature, typed or printed name of registered agent and, 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) ☐

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 **D** NAME **Anne Terhi Mikkonen D**
STREET ADDRESS **Calle Avila 19A**
CITY-ST-ZIP **ALCALA DE HENARES 28804 MADRID SPAIN**

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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 Mikkonen

10.4.2003

Date

(34) 918886299

Daytime Phone #

CR2034B (12/01)

Sealings code

B