

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90079 046 \*\*\*150.00

0261127 AV

**DOCUMENT # L25547**  
 1. Entity Name  
**INVEST GROUP, INC.**

Principal Place of Business <b>7894 MANOR FOREST BLVD          BOYNTON BCH FL 33462          US</b>	Mailing Address <b>7894 MANOR FOREST BLVD          C/P TAMPIO ANTTILA          BOYNTON BCH FL 33462          US</b>
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2. Principal Place of Business <b>8115 BELLAFFIORE WAY          Suite, Apt. #, etc.          410 TAPIO ANTTILA          City &amp; State          BOYNTON BEACH, FL          Zip          33437          Country          USA</b>	3. Mailing Address <b>8115 BELLAFFIORE WAY          Suite, Apt. #, etc.          410 TAPIO ANTTILA          City &amp; State          BOYNTON BEACH, FL          Zip          33437          Country          USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0182196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ANTILLA, TAPIO  
 7894 MANOR FOREST BLVD.  
 BOYNTON BEACH FL 33462**

7. Name and Address of New Registered Agent  
 Name **ANTILLA, TAPIO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8115 BELLAFFIORE WAY**  
 City **BOYNTON BEACH** FL Zip Code **33437**

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: **TAPIO ANTTILA** DATE: **2/7/2002**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KYROLA, JUKKA 7894 MANOR FOREST BLVD. BOYNTON BEACH FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD ANTTILA, TAPIO 7894 MANOR FOREST BLVD. BOYNTON BEACH FL 33462</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VELI-MATTI, KYROLA 7894 MANOR FOREST BLVD. BOYNTON BEACH FL 33462</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KYROLA, KARI-PEKKA 7894 MANOR FOREST BLVD. BOYNTON BEACH FL 33462</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TAPIO ANTTILA** DATE: **2/7/2002** (561) 965-0824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)