

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90142 027 \*\*\*150.00

**DOCUMENT # P93000009270**

1. Entity Name

**CANON INVESTMENT GROUP, INC.**

Principal Place of Business

Mailing Address

**8 SHERBURY COURT  
 PALM COAST FL 32137  
 US**

**PO BOX 360842  
 PALM COAST FL 32135-0842  
 US**

2. Principal Place of Business

3. Mailing Address

*1 Mangrove Grade*

*1 Mangrove Grade*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 1A*

*Suite 1A*

City & State

City & State

*Palm Coast, FL*

*Palm Coast, FL*

Zip

Zip

Country

Country

*32137*

*US*

*32137*

*US*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHANSSON, CHRISTER~~

**8 SHERBURY COURT  
 PALM COAST FL 32137**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **JOHANSSON, CHRISTER**  
 CITY-ST-ZIP **8 SHERBURY COURT  
 PALM COAST FL 32137**

TITLE ☐ Change ☒ Addition  
 NAME *Secretary*  
 STREET ADDRESS **FREDRIK JOHANSSON**  
 CITY-ST-ZIP **2088 N HIGH STREET APT B  
 COLUMBUS, OH 43201**

TITLE ☒ Delete  
 NAME **T**  
 STREET ADDRESS **CHARLA, PAUL**  
 CITY-ST-ZIP **603 CHARLES ST  
 PORT ORANGE FL 32119**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CHRISTER JOHANSSON* 01/18/02 386-446-1955  
 Date Daytime Phone #

x202

CR2E034 (9/01)