

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90758 002 ***150.00

0674914 FP

DOCUMENT # P93000009270

1. Entity Name

CANON INVESTMENT GROUP, INC.



Principal Place of Business

1 HANGROVE GRADE
STE 1A
PALM COAST FL 32137
US

Mailing Address

1 HANGROVE GRADE
STE 1A
PALM COAST FL 32137
US

2. Principal Place of Business

3. Mailing Address

8 SHERBURY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST, FL

Zip

Country

Zip

Country

32137

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3194177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/29/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input type="checkbox"/> Delete
NAME	JOHANSSON, CHRISTER	
STREET ADDRESS	8 SHERBURY COURT	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHANSSON, FREDRIK	
STREET ADDRESS	2288 N HIGH STREET APT B	
CITY-ST-ZIP	COLUMBUS OH 43201	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Chr Johan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03

386-446-1955

Date

Daytime Phone #

CR2E034 (10/02)