

FROM : JANET SCHARE

FAX NO. : 407 359 41

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90061 016 \*\*\*150.00

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

DOCUMENT #  
 1. Entity Name: **COVERS USA, INC**  
 # **P00000103992**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3413 N. FORSYTH RD**  
 Suite, Apt. P.O. **SUIT B**  
 City & State: **WINTER PARK, FL**

3. Mailing Address: **5437 FERROL DR**  
 Suite, Apt. P.O. **32792**  
 City & State: **WINTER PARK, FL**

4. FE Number: **59-3698567**  
 Applies, Fee: **Not Applicable**

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**  
 City & State: **32792**

6. Name and Address of Current Registered Agent:  
 Name: **MS. JANET SHAARE**  
 Street Address (P.O. Box Number is Not Acceptable):  
**3827 REGENTS WAY**  
 City: **OVIEDO** FL Zip Code: **32265**

DO NOT WRITE IN THIS SPACE

8. This above named entity submits this document for the purpose of changing its registered office or registered agent or both in the State of Florida.

SIGNATURE: **N/A**  
 (See instructions on back of document for signature requirements)

9. This corporation is eligible to qualify its intangible tax filing requirements and elects to do so. ☒ **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 Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS                        |                                                                                      |                                                   |  |
|---------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>MR RAMESH T. PANCHAL</b><br><b>5437 FERROL DR</b><br><b>WINTER PARK, FL 32792</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>MR NILA R. PANCHAL</b><br><b>5437 FERROL DR</b><br><b>WINTER PARK, FL 32792</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information required with this filing does not qualify for the exemption under Section 19.07(5)(b) Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if reproduced on each page of this report or supplemental report.

SIGNATURE: **Janet T. Panchal** **4/30/02**  
 (Signature and Typed or Printed Name of Signing Officer or Director)

CR2EC34B 11/2/01



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

Attachment  
P00000103992  
870383

June 3, 2002

COVERS USA, INC.  
5437 FERROL RD  
WINTER PARK, FL 32792

Subject: **COVERS USA, INC.**

Reference Number: **P00000103992**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/am  
ANNUAL REPORTS SECTION

Re-submitted  
6/14/02  
ORIGINAL 4/30/02