

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016043

1. Entity Name

NOVO PRODUCTS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90192 001 ***600.00

Principal Place of Business

Mailing Address

519 SW 31ST AVENUE
OCALA FL 34474
US

21001 VAN BORN ROAD
TAYLOR MI 48180-1340

2. Principal Place of Business

3. Mailing Address

24800 Denso Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 255

City & State

City & State

Southfield, MI

4. FEI Number

59-3298649

Applied For

Not Applicable

Zip

Country

Zip

Country

48034

U.S.

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

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P DIRSKE, DAVID L. 520 SW 31ST AVE OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARDNER, LEE 21001 VAN BORN RD TAYLOR MI 48180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WADHAMS, TIMOTHY 21001 VAN BORN ROAD TAYLOR MI 48180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINER, DAVID B 21001 VAN BORN ROAD TAYLOR MI 48180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DORAN, DAVID A. 21001 VAN BORN RD TAYLOR MI 48180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLACKALL, GARY 534 EAST 48TH STREET HOLLAND MI 43423	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Reins, Ralph E. 24800 Denso Drive, Suite 255 Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT, AS, D Thomas, James E. 24800 Denso Drive, Suite 255 Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Breedlove, Mark H. 24800 Denso Drive, Suite 255 Southfield, MI 48034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Bolton, Richard M. 500 Woodward Ave., Suite 4000 Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Robert L. One Towne Center, Suite 780 Southfield, MI 48076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Blackall, Gary 534 E. 48th St. Holland, MI 49423	<input checked="" type="checkbox"/> Change <input checked="" 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00
Date

Daytime Phone #

CR2E034 (9/99)