

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000016043

1. Entity Name

NOVO PRODUCTS, INC.

Principal Place of Business

519 SW 31ST AVENUE
OCALA FL 34474
US

Mailing Address

24800 DENSO DRIVE
SUITE 255
SOUTHFIELD MI 48034

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3298649

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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 VPD
NAME REINS, RALPH E
STREET ADDRESS 24800 DENSO DRIVE SUITE 255
CITY-ST-ZIP SOUTHFIELD MI 48034

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE DVPT
NAME THOMAS, JAMES E
STREET ADDRESS 24800 DENSO DRIVE SUITE 255
CITY-ST-ZIP SOUTHFIELD MI 48034

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VPD
NAME BREEDLOVE, MARK H
STREET ADDRESS 24800 DENSO DRIVE SUITE 255
CITY-ST-ZIP SOUTHFIELD MI 48034

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE S
NAME BOLTON, RICHARD M
STREET ADDRESS 500 WOODWARD AVE SUITE 4000
CITY-ST-ZIP DETROIT MI 48226

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME CUMMINGS, ROBERT L
STREET ADDRESS ONE TOWNE CENTER SUITE 780
CITY-ST-ZIP SOUTHFIELD MI 48076

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE P
NAME BLACKALL, GARY
STREET ADDRESS 534 EAST 48TH STREET
CITY-ST-ZIP HOLLAND MI 49423

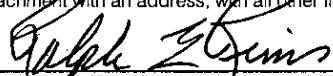
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH E. REINS

2/7/01

(248) 204-8600

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)