

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

FILED

02 JUL -1 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000093450

1. Entity Name

NOVOPAN (USA), INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3791 Silver Star Rd.

3791 Silver Star Rd

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32808

USA

32808

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Mujdat Guler

Street Address (P.O. Box Number is Not Acceptable)

3791 Silver Star Rd.

City

Orlando,

FL

Zip Code

32808

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)

Mujdat Guler

04/23/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D GULER, MUJDAT</u> <u>3791 Silver Star Rd.</u> <u>Orlando, FL 32808</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>700006233177--5</u> <u>-07/05/02--01083--025</u> <u>****300.00 ****300.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mujdat Guler

Date

04/23/02

Daytime Phone

(407) 298-7176

**JUAN A. SERNA, JR.**

**CERTIFIED PUBLIC ACCOUNTANT**

45 SOUTHWEST 19TH ROAD • MIAMI, FLORIDA 33129-1504 • TEL. (305) 858-2212 • FAX (305) 854-0575

**June 27, 2002**

**Department Of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314**

**Re: Corporation Reinstatement of ROYAL POOL SERVICE, INC.,  
FEI no. 59-2658671 and Document # M30074.**

**To Whom It May Concern:**

**Enclosed is the referenced application for reinstatement along with a company's  
check for \$ 300.00, for years 2001 and 2002.**

**This oversight occurred because your records reflected an incorrect address for this  
entity and its owners were not aware of this annual requirement.**

**Your cooperation and understanding is requested so applicable penalties are not  
assessed.**

**Yours truly,**

**Juan A. Serna, Jr.**