

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90056 016 ***150.00

DOCUMENT # M76941

1. Entity Name

REHM ENTERPRISES, INC.

Principal Place of Business

Mailing Address

% JAMES D. REHM

% JAMES D. REHM

681 S. INDUSTRY RD.

681 S. INDUSTRY RD.

COCOA FL 32926

COCOA FL 32926-5807

2. Principal Place of Business

3. Mailing Address

2209 AVOCADO AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#4

Suite #2

City & State

City & State

Melbourne, FL

Zip

Country

32935

USA

Zip

Country

32935

USA

4. FEI Number

59-2884462

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

REHM, JAMES D.
681 S. INDUSTRY RD.
COCOA FL 32926

Name

REHM, James D.

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

2209 AVOCADO AVE

Suite #4

City

Melbourne

FL

Zip Code

32935

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

James D. Rehm President

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

(NOTE: Registered Agent signature required when reinstating)

4/6/2000

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 PD
NAME REHM, JAMES D.
STREET ADDRESS 2681 KINGSMILL AVE.
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE STD
NAME REHM, MARY A.
STREET ADDRESS 2681 KINGSMILL AVE.
CITY-ST-ZIP MELBOURNE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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☐ 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:

SICOR...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2000

DATE

407-631-1172

Daytime Phone #