FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State
05-27-2003 90177 003 ***150.00

DOCUMENT # M76941

1. Entity Name
REHM ENT. INC
~~DBA/Clearlake Amusement Co~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2290 Avocado Ave	2681 Kingsmill Ave
Suite, Apt. #, etc. #4	Suite, Apt. #, etc.
City & State: Melbourne FL.	City & State: Melbourne FL
Zip: 32935 Country: USA	Zip: 32934 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 102-36-9895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: James D. Rehm
Street Address (P.O. Box Number is Not Acceptable): 2681 Kingsmill Ave
City: Melbourne FL Zip Code: 32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	James D. Rehm
STREET ADDRESS	2681 Kingsmill Ave
CITY-ST-ZIP	Melbourne, FL. 32934
TITLE	Treasurer
NAME	Mary A. Rehm
STREET ADDRESS	2681 Kingsmill Ave
CITY-ST-ZIP	Melbourne, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Rehm James D. Rehm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #