

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90340 004 \*\*\*150.00

**DOCUMENT # P00000079200**

1. Entity Name

RCM AVIATION, INC.

Principal Place of Business

1722 SE 12TH TERRACE  
 CAPE CORAL FL 33990

Mailing Address

1722 SE 12TH TERRACE  
 CAPE CORAL FL 33990

2. Principal Place of Business

1071 BETSY PKWY UNIT 2  
 Suite, Apt. #, etc.

3. Mailing Address

1071 Betsy Pkwy Unit 2  
 Suite, Apt. #, etc.

City & State

ST. James City FL

City & State

ST James City FL

4. FEI Number

65-1039417

Applied For

Not Applicable

Zip

Country

33956 USA

Zip

Country

33956 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIMSA, ROBERT E  
 12164 BOAT SHELL DRIVE  
 MATLACHA FL 33991

7. Name and Address of New Registered Agent

Name: Rimsa, Robert E  
 Street Address (P.O. Box Number is Not Acceptable): 2071 Gull Court  
 City: St James City FL Zip Code: 33956

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

TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, MICHAEL J	
STREET ADDRESS	1722 SE 12TH TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIMSA, ROBERT E	
STREET ADDRESS	12164 BOAT SHELL DRIVE	
CITY-ST-ZIP	MATLACHA FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, EDWARD F	
STREET ADDRESS	5162 CURLEW DRIVE	
CITY-ST-ZIP	ST JAMES CITY FL 33956	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIMSA, Robert E	
STREET ADDRESS	2071 Gull Court	
CITY-ST-ZIP	ST James City FL 33956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Edward F. Mitchell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward F. Mitchell 2/1/01  
 Date

941-573-0037  
 Daytime Phone #

CR2E034 (10/00)