

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

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 011 ***150.00

DOCUMENT # *P93600033279*

1. Entity Name

RAHM AERO DESIGNS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

RAHM AERO DESIGNS INC

3. Mailing Address

RAHM AERO DESIGNS INC

Suite, Apt. #, etc.

1648 TAYLOR RD #411

Suite, Apt. #, etc.

1648 TAYLOR RD #411

DO NOT WRITE IN THIS SPACE

City & State

PORT ORANGE, FL

City & State

PORT ORANGE FL

4. FEI Number

593189902

Applied For

Not Applicable

Zip

32128

Country

U.S.A.

Zip

32128

Country

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

STEVEN A. RAHM

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

210 CESSNA BL #16

City

PORT ORANGE

FL

Zip Code

32128

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 *STEVEN A. RAHM*
STREET ADDRESS *210 CESSNA BL #16*
CITY-ST-ZIP *PORT ORANGE FL 32128*

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**DO NOT WRITE
IN THIS SPACE**

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:

STEVEN A. RAHM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-03

Date

*386-4451
8436*

Daytime Phone #