



Form 534A Prescribed by the:  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us  
Busserv@sos.state.oh.us

**Expedite this form: (select one)**  
Mail form to one of the following:

Expedite PO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

Non Expedite PO Box 670  
Columbus, OH 43216

**NAME REGISTRATION**  
**Filing Fee \$50**

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> Trade Name (167-RNO)  Date of first use: <u>May 1, 2009</u>	<input type="checkbox"/> Fictitious Name (169-NFO)
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Name being registered or reported: KUEBLER'S NAVY, INC.

Name of the Registrant: CHRISTOPHER D. KUEBLER

**NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.**

The Registrant is a(n): (Check only one (1) box)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Individual  | <input type="checkbox"/> Unincorporated Association |
| <input type="checkbox"/> Partnership<br>Registration # , if any _____   | <input type="checkbox"/> Professional Association   |
| <input type="checkbox"/> Limited Partnership<br>Registration # _____<br>If foreign, Jurisdiction of Formation _____           | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Limited Liability Partnership<br>Registration # _____<br>If foreign, Jurisdiction of Formation _____ |   |
| <input type="checkbox"/> Limited Liability Company<br>Registration # _____<br>If foreign, Jurisdiction of Formation _____     |   |
| <input type="checkbox"/> Ohio Corporation<br>Charter # _____  |   |
| <input type="checkbox"/> Foreign Corporation<br>Ohio license # _____<br>Jurisdiction of Formation _____                       |   |

**All registrants must complete the information in this section**

Business address:

Mailing Address

City

State

Zip Code

The general nature of the business conducted by the registrant

**Complete the information in this section if registrant is a partnership not registered in Ohio**

Provide the name and address of at least one general partner:

Name

Address

CHRISTOPHER D. RUEBBER

32545 LAKE RD

AVON LAKE, OHIO

44012

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**REQUIRED**

Must be authenticated (signed) by the registrant or an authorized representative

Signature

5-15-09

Date

CHRISTOPHER D. RUEBBER

Print Name

Signature

Date

Print Name