

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90018 044 ***150.00

DOCUMENT # 276697

1. Entity Name
KINCAID CONSTRUCTION COMPANY

Principal Place of Business
**400 WEST FAIRBANKS AVE.
 SUITE B
 WINTER PARK FL 32789**

Mailing Address
**P. O. BOX 80
 WINTER PARK FL 32790-0080
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1027372**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**KINCAID, RODNEY L.
 2186 COUNTRY SIDE CIRCLE NORTH
 ORLANDO FL 32804**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	KINCAID, RODNEY L		
2186 COUNTRY SIDE CIRCLE NORTH	2186 COUNTRY SIDE CIRCLE NORTH		
ORLANDO FL 32804	ORLANDO FL 32804		
S	KINCAID, S S		
2186 COUNTRY SIDE CIRCLE NORTH	2186 COUNTRY SIDE CIRCLE NORTH		
ORLANDO FL 32804	ORLANDO FL 32804		

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: Rodney L. Kincaid

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rodney L. Kincaid, President

4-30-01 407/647-6178
 Date Daytime Phone #

CR2E034 (10/00)