

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30368

1. Entity Name  
B.C.D. AIR CONDITIONING & HEATING, INC.

Principal Place of Business  
1944 CALUMET ST.  
CLEARWATER FL 33765

Mailing Address  
1944 CALUMET ST.  
CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BENNETT, ROBERT R.  
1944 CALUMET ST.  
CLEARWATER FL 34625

7. Name and Address of New Registered Agent

Name  
Clifford C. Kincaid, Jr.

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

1944 Calumet St.

City  
Clearwater

FL

Zip Code  
33765

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

*Clifford Kincaid*  
Signature, typed or printed name of registered agent and title if applicable.

Clifford Kincaid, President

3/28/01

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KINCAID, CLIFFORD C., JR.  
1944 CALUMET ST.  
CLEARWATER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VST  
BENNETT, ROBERT R.  
1944 CALUMET ST.  
CLEARWATER FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*Clifford Kincaid*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford Kincaid, President (727) 461-9135

Date

Daytime Phone #

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90042 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2280363**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

0370305

CR2E034 (10/00)