

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90216 030 ***158.75

0340478 AV

DOCUMENT # P01000038109

1. Entity Name

KINCAID MORTGAGE AND INVESTMENT INC.

Principal Place of Business

**12555 ORANGE DRIVE
 105
 DAVIE FL 33330-4304
 US**

Mailing Address

**5725 SW 120 AVE
 COOPER CITY FL 33330
 US**

2. Principal Place of Business

3. Mailing Address

12555 Orange Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

105

City & State

City & State

DAVIE FL 33330

Zip

Country

Zip

Country

US

4. FEI Number

651092666

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KINCAID, CARMEN

5725 SW 120 AVE

COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name

KINCAID, CARMEN

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

12555 Orange Drive

City

DAVIE

FL

Zip Code

33330

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

[Handwritten Signature]

3/26/02

(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, 2002 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 **P** ☐ Delete
 NAME **KINCAID, CARMEN**
 STREET ADDRESS **5725 SW 120 AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE **V** ☐ Delete
 NAME **KINCAID, CHARLES G JR**
 STREET ADDRESS **5725 SW 120 AVE**
 CITY-ST-ZIP **COOPER CITY FL 33330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **KINCAID, CARMEN**
 STREET ADDRESS **12555 ORANGE DRIVE**
 CITY-ST-ZIP **SUIT 105 DAVIE FL-33330**

TITLE **V** ☒ Change ☐ Addition
 NAME **KINCAID, CHARLES G JR**
 STREET ADDRESS **12555 ORANGE DRIVE**
 CITY-ST-ZIP **SUIT 105 DAVIE FL-33330**

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

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

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

TITLE ☐ Change ☐ 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)