

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062035

1. Entity Name

B & L AIR CONDITIONING & REFRIGERATION, INC.

Principal Place of Business

8227 MANDARIN BLVD  
LOXAHATCHEE FL 33470

Mailing Address

8227 MANDARIN BLVD  
LOXAHATCHEE FL 33470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KRAVITZ, BRUCE I  
11440 OKEECHOBEE BLVD.  
STE. 219  
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name Linda Bradley  
Street Address (P.O. Box Number is Not Acceptable) 8227 Mandarin Blvd.  
City Loxahatchee FL Zip Code 33470

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: Linda Bradley Sec/Treas 3-20-01  
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, 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	P	<input type="checkbox"/> Delete
NAME	BRADLEY, BRAXI L	
STREET ADDRESS	8227 MANDARIN BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADLEY, LINDA	
STREET ADDRESS	8227 MANDARIN BLVD.	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Linda Bradley Linda Bradley 3-20-01 790-1546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Mar 23, 2001 8:00 am  
Secretary of State

03-23-2001 90015 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)