

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90037 010 \*\*\*150.00

**DOCUMENT # P95000074103**

1. Entity Name

**B & K AIR CONDITIONING & REFRIGERATION, INC.**

Principal Place of Business

**5200 28TH ST. NO.**

**LOT 404**

**ST. PETERSBURG FL 33734**

Mailing Address

**P.O. BOX 7321**

**ST. PETERSBURG FL 33734**

2. Principal Place of Business

**2540 48TH AVE NO**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Pete, FLORIDA**

City & State

4. FEI Number

**59-3392324**

Applied For

☒ Not Applicable

Zip

**33714**

Country

**FLS**

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

**MCDOWELL, BENNIE L**

**5200 28TH ST-NO.**

**LOT 404**

**ST. PETERSBURG FL 33734**

Name

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

City

**FL**

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 **Bennie L. McDowell**

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

(NOTE: Registered Agent signature required when reinstating)

**4-8-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **MCDOWELL, BENNIE L**  
STREET ADDRESS **5200 28TH ST. NO., LOT 404**  
CITY-ST-ZIP **ST. PETERSBURG FL 33734**

TITLE **PS** ☒ Change ☐ Addition  
NAME **McDowell, Bennie L.**  
STREET ADDRESS **2540 48TH AVE NO**  
CITY-ST-ZIP **St. Pete, FL 33714**

TITLE **VP** ☐ Delete  
NAME **FLANDERS, RICHARD JOSEPH**  
STREET ADDRESS **5200 28TH ST. NO., LOT 404**  
CITY-ST-ZIP **ST. PETERSBURG FL 33734**

TITLE **VP** ☒ Change ☐ Addition  
NAME **FLANDERS, Richard Joseph**  
STREET ADDRESS **2540 48TH AVE NO**  
CITY-ST-ZIP **St Pete, FL 33714**

TITLE **T** ☐ Delete  
NAME **FITE, DENMAN**  
STREET ADDRESS **5200 28TH ST. NO., LOT 404**  
CITY-ST-ZIP **ST. PETERSBURG FL 33734**

TITLE **T** ☒ Change ☐ Addition  
NAME **FITE, DENMAN**  
STREET ADDRESS **2540 48TH AVE NO**  
CITY-ST-ZIP **St. Pete, FL 33714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: **BENNIE McDOWELL - Bennie McDowell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02**

Date

**727-528-4632**

Daytime Phone #

CR2E034 (9/01)