

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90072 040 \*\*\*150.00

**DOCUMENT # P99000011424**  
 1. Entity Name  
**ECO ASSOCIATES, INC.**

Principal Place of Business: ~~6024 SUNSET AVE PANAMA CITY BCH FL 32408~~  
 Mailing Address: ~~6024 SUNSET AVE PANAMA CITY BCH FL 32408~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **2020 Watkins Avenue**  
 3. Mailing Address: **2020 Watkins Avenue**  
 Suite, Apt. #, etc.: **Panama City Beach, FL**  
 Suite, Apt. #, etc.: **Panama City Beach, FL**  
 City & State: **32407-4129**  
 City & State: **32407-4120**  
 Zip: Country Zip: Country

4. FEI Number: **59-3554908** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BISHOP, JOSEPH D**  
~~6024 SUNSET AVE~~ **2020 Watkins Avenue**  
~~PANAMA CITY BCH FL 32408~~ **32407-4120**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **2020 Watkins Avenue**  
 City: **Panama City Beach** FL Zip Code: **32407-4120**

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: \_\_\_\_\_ (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: <b>P</b> <input checked="" type="checkbox"/> Delete	NAME: <b>BISHOP, JOSEPH D</b>
STREET ADDRESS: <b>6024 SUNSET AVE</b>	CITY-ST-ZIP: <b>PANAMA CITY FL 32408</b>
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: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>P, T</b>
STREET ADDRESS: _____	CITY-ST-ZIP: <b>5621 Gulf Drive Panama City Beach, FL 32408</b>
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>VP, S Phillips, Ron</b>
STREET ADDRESS: _____	CITY-ST-ZIP: <b>P. O. Box 18005 Panama City Beach, FL 32418</b>
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: Joseph D. Bishop **JOSEPH D. BISHOP** 04.26.01 **850.236.7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)