

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 476499

1. Entity Name

ECONO AUTO PAINTING OF PENSACOLA, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90013 034 \*\*\*150.00

Principal Place of Business

Mailing Address

4107 N. PALAFOX AVENUE  
PENSACOLA FL 32505  
US

405 N. MILITARY TRAIL  
WEST PALM BEACH FL 33415-2121

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1647772

Applied For

Not Applicable

Zip

Country

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

REEVES, JAMES J  
730 BAYFRONT PARKWAY, SUITE IV  
PENSACOLA FL 32501

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

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, 2000 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 PD  
NAME DYCUS, CLINTON W  
STREET ADDRESS 3596 JOHNSON AVENUE  
CITY-ST-ZIP PENSACOLA FL ☒ Delete

TITLE PD  
NAME DYCUS, CLINTON W  
STREET ADDRESS 3595 EAST JOHNSON AV  
CITY-ST-ZIP PENSACOLA, FL 32514 ☐ Change ☐ Addition

TITLE VD  
NAME DYCUS, JACQUELINE R  
STREET ADDRESS 3596 JOHNSON AVENUE  
CITY-ST-ZIP PENSACOLA FL ☒ Delete

TITLE VP  
NAME DYCUS, JACQUELINE R  
STREET ADDRESS 3595 EAST JOHNSON AV  
CITY-ST-ZIP PENSACOLA, FL 32514 ☐ Change ☐ Addition

TITLE STD  
NAME DYCUS, MICHELLE L  
STREET ADDRESS 3595 JOHNSON AVENUE  
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE AST  
NAME ROONEY, GARY W  
STREET ADDRESS 405 N. MILITARY TRAIL  
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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: *Clinton W. Dycus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLINTON W. DYCUS 1-27-00 8504338278

CR2E034 (9/99)