

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45542

1. Entity Name

ECONO AUTO PAINTING OF COCOA, INC.

Principal Place of Business

1445 WEST KING ST  
COCOA FL 32922  
US

Mailing Address

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

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

AKSOMITAS, W WARD  
6685 FOREST HILL BLVD  
STE 206  
W PALM BCH FL 33413

7. Name and Address of New Registered Agent

Name  
LAWRENCE M. FUCHS, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
590 ROYAL PALM BEACH BLVD.

City  
ROYAL PALM BEACH

FL

Zip Code  
33411

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, BRUCE	
STREET ADDRESS	405 N MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WATSON, DAVID	
STREET ADDRESS	405 N MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, CAROLYN	
STREET ADDRESS	405 N MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	AST	<input type="checkbox"/> Delete
NAME	ROONEY, GARY W	
STREET ADDRESS	405 NO MILITARY TRAIL	
CITY-ST-ZIP	WST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBIN, DENNIS	
STREET ADDRESS	590 VENETIAN WAY	
CITY-ST-ZIP	MERRITT ISLD FL	
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	Secretary/Treasurer	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GARY W ROONEY* GARY W ROONEY 2/2/2000

Date

Daytime Phone #

561-686-2500

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90031 026 \*\*\*150.00

00000010



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2916438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (9/99)