

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H61585

1. Entity Name

ENERGY CONSULTING SERVICES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90092 016 ***150.00

Principal Place of Business

Mailing Address

% DAVID SATUR
867 KUBIN AVE.
JENSEN BEACH FL 34957

% DAVID SATUR
867 KUBIN AVE.
JENSEN BEACH FL 34957-6119

2. Principal Place of Business

656 Buck Hendry Way

Suite, Apt. #, etc.

3. Mailing Address

656 Buck Hendry Way

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number 59-2550790

Applied For

Not Applicable

Zip
34957

Country
USA

Zip
34957

Country
USA

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

SATUR, DAVID
867 KUBIN AVE.
JENSEN BEACH FL 33457

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 DP
NAME SATUR, DAVID
STREET ADDRESS 867 KUBIN BLVD.
CITY-ST-ZIP JENSEN BEACH FL

☐ Delete

TITLE DP
NAME Satur, David
STREET ADDRESS 867 Kubin Ave.
CITY-ST-ZIP Jensen Beach, FL 34957

☒ Change ☐ Addition

TITLE ST
NAME SATUR, KAREN P
STREET ADDRESS 867 KUBIN AVE
CITY-ST-ZIP JENSEN BCH FL

☐ Delete

TITLE ST
NAME Satur, Karen P.
STREET ADDRESS 867 Kubin Ave.
CITY-ST-ZIP Jensen Beach, FL 34957

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ 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:

David Satur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

561-692-9555

CR2E034 (9/99)