

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000071385**

1. Entity Name

**UTILITIES CONSULTING, INC.****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90066 002 \*\*\*150.00

Principal Place of Business

6075 14TH AVE. S.W.  
NAPLES FL 34116

Mailing Address

6075 14TH AVE. S.W.  
NAPLES FL 34116-4813

B0011849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3526385

Applied For

Not Applied

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

RUST, ROBERT J  
C/O RUST & CHRISTOPHER, P.A.  
900 SIXTH AVE S., SUITE 303  
NAPLES FL 34102

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
DAYTON, FRANCIS P JR.  
6075 14TH AVE. S.W.  
NAPLES FL 34116 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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:

FRANCIS P. DAYTON JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/-25-00 941-455-4573