Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90066 038 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S23691

1. Corporation Name

ENERGY	& REGULATORY CONSUL	TANTS INC.						
Principal Place	of Business	Mailing Address				i (\$161 i)at atan d		IMIT GLACI IMAI
598 S W HIDDEN RIVER AVE 598 S W HIDDEN RIVER AVE PALM CITY FL 34990 PALM CITY FL 34990			į		DO NOT W	RITE IN THIS	SPACE	
							SPACE	
					3. Date Incorporated or Qualife	ď		
					01/09/1991 4. FEI Number			-Bad Car
2. Principal Pl	ace of Business	2a. Mailing Address				Applied For Not Applicable		
21		26			65-0236981			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	us Desired		
City & State		City & State			6. Election Campaign Financin	6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	у .	8. This corporation owes the co	urrent year Inf	tangible	-
24	25	29 3	0		Personal Property Tax.			□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of Nev	v Registered	Agent	
			8	1 Name				
ZAMBO, RICHARD A			82	2 Street /	Address (P.O. Box Number is Not Acce	otable)		
598	S W HIDDEN RIVER AVE		OZ Sileer A		Address (1 .O. BOX (40)) or 10 11011 iso	,		
PALM CITY FL 34990			8:	3				_
			ļ_				los Zin (
			82	4 City		FL	85 Zip C	Code
agent. I ar	Ti familiar with, and accept the obligation of signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	egistered Ag	·3.	corporation submits this statement for to pration's board of directors. I hereby according to the state of th	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO	JFFICERS AI	Change	Addition
TITLE	PST	☐ DELETE	1.1 TITLE	!			☐ Criange	L] Addition
NAME .	ZAMBO, RICHARD A	1.2 N						ł
STREET ADDRESS	SS 598 S W HIDDEN RIVER AVE		1.3 STRE	ET ADDRESS	·			{
CITY-ST-ZIP			1.4 CITY-	ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition
NAME	ZAMBO, RICHARD A		2.2 NAME	:	-			
STREET ADDRESS	TADDRESS 598 S W HIDDEN RIVER AVE		2.3 STRE	ET ADDRESS				ļ
CITY-ST-ZIP	PALM CITY FL		2. 4 CITY	ST-ZIP				
TITLE		_ DELETE	, 3.1 TITLE	~			Change	☐ Addition
NAME			3.2 NAME	:	,			
STREET ADDRESS			3.3 STRE	ET ADDRESS				1
CITY-ST-ZIP	•		3.4. CITY	-ST-Z/P				
TITLE	T	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	•		4. 2 NAMI	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP	•		4.4 CITY-	ST-ZIP	•			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME	:				.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like expowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition