


**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000010164**

1. Entity Name  
**FPL ENERGY VIRGINIA POWER SERVICES, INC.**



Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408	Mailing Address ATTN: RITA W. COSTANTINO 700 UNIVERSE BOULEVARD JUNO BEACH, FL 33408
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0471761</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  LEON, JOAQUIN E 9250 WEST FLAGLER ST. MIAMI, FL 33174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEES \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, RONALD F			NAME	ROBO, JAMES L		
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP	JUNO BEACH, FL		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ANTONIO			NAME			
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS			
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEENER, JAMES A			NAME			
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS			
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSTANTINO, RITA W			NAME			
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS			
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STANTON, JOHN W			NAME	TANCER, EDWARD F		
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP	JUNO BEACH, FL 33408		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGRATH, ROBERT L			NAME	SORENSEN, MARK R		
STREET ADDRESS	700 UNIVERSE BLVD			STREET ADDRESS	700 UNIVERSE BLVD		
CITY-ST-ZIP	JUNO BEACH, FL 33408			CITY-ST-ZIP	JUNO BEACH, FL 33408		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Rita W. Costantino 4/10/2003 561-691-7267  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rita W. Costantino, Assistant Secretary

CR2E034 (10/02)