

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90132 001 \*\*\*750.00

**DOCUMENT # 191988**

1. Entity Name  
**PEOPLES GAS SYSTEM (FLORIDA), INC.**

**12610**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O D E SCHWARZ 702 N. FRANKLIN STREET TAMPA FL 33602-4418 US	Mailing Address C/O D E SCHWARZ P.O. BOX 111 TAMPA FL 33601-0111 US
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2. Principal Place of Business c/o D. E. SCHWARTZ Suite, Apt. #, etc. 702 N FRANKLIN ST City & State TAMPA FL Zip 33602-4429	Country US	3. Mailing Address Suite, Apt. #, etc. City & State City & State Zip Country
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4. FEI Number <b>59-0954306</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MCDEVITT, S.M.**  
**702 NORTH FRANKLIN STREET**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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	VTD GILLETTE, G. L. 702 N. FRANKLIN STREET TAMPA FL 33602-4418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTRELL, W. N. 702 N. FRANKLIN STREET TAMPA FL 33602-4418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, D E 702 N. FRANKLIN STREET TAMPA FL 33602-4418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUSTACE, R. K. 702 N. FRANKLIN STREET TAMPA FL 33602-4418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAMPA FL 33602-4429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAMPA FL 33602-4429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAMPA FL 33602-4429
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: D E Schwartz 4/27/00 813-228-1808  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)