

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90379 001 \*\*\*450.00

0439648  
AV

**DOCUMENT # 233509**

1. Entity Name  
**SOUTHERN UTILITIES, INC. OF TAMPA**



Principal Place of Business  
**1605 COTTAGEWOOD DR.  
P.O. BOX 2410  
BRANDON FL 33509-9410**

Mailing Address  
**1605 COTTAGEWOOD DR.  
P.O. BOX 2410  
BRANDON FL 33509-9410**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0904223**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CAMPO, R F  
~~1605 COTTAGEWOOD DRIVE~~  
BRANDON FL 33510**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**907 Oak Hollow PL**

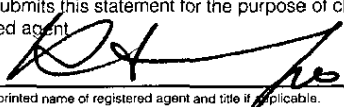
City

**Brandon**

FL

Zip Code  
**33510**

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/03**

DATE

**FILE NOW!!! FEE IS \$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**

TITLE **D** ☐ Delete  
NAME **EKONOMOU, DIANA C.**  
STREET ADDRESS **907 OAK HOLLOW CT**  
CITY-ST-ZIP **BRANDON FL**

TITLE **PD** ☐ Delete  
NAME **CAMPO, R.F.**  
STREET ADDRESS **~~1605 COTTAGEWOOD DRIVE~~**  
CITY-ST-ZIP **BRANDON FL**

TITLE **STD** ☐ Delete  
NAME **CAMPO, DANIEL**  
STREET ADDRESS **P.O BOX 2410**  
CITY-ST-ZIP **BRANDON FL 33509**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **907 Oak Hollow PL**  
CITY-ST-ZIP **Brandon FL 33510**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

 **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/03**

Date

Daytime Phone #

CR2E034 (10/02)