

FILED

03 SEP 11 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # 802737

| | | |
|---|--|---|
| 1. Entity Name GULF POWER COMPANY | |  |
| Principal Place of Business 500 BAYFRONT PKWY PENSACOLA, FL 32520-0100 US | | |

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|---|--|
| Mailing Address 500 BAYFRONT PKWY PENSACOLA, FL 32520-0100 US | |
|---|--|

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|---|---------|---|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 32520-0786 | Country | 3. Mailing Address Suite, Apt. #, etc. City & State Zip 32520-0786 | Country |
|---|---------|---|---------|

500023022435
09/12/03 --01080--029 **61.25



CHECK HERE IF MAKING CHANGES

| | |
|--|--|
| 4. FEI Number 59-0276810 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|
| 6. Name and Address of Current Registered Agent TATE, WARREN E. 500 BAYFRONT PARKWAY PENSACOLA, FL 32601 |
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|---|
| 7. Name and Address of New Registered Agent Name Linda G. Malone Street Address (P.O. Box Number is Not Acceptable) 500 Bayfront Parkway City Pensacola FL 32520-0786 |
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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 *Linda G. Malone* **Linda G. Malone** DATE **9-1-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | V HODGES JR., J.E. 500 BAYFRONT PKWY PENSACOLA, FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST TATE, W.E. 500 BAYFRONT PKWY PENSACOLA, FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASAT RITENOUR, S.D. 500 BAYFRONT PKWY PENSACOLA, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ASAT MALONE, L. G. 500 BAYFRONT PKWY PENSACOLA, FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | See attached for additional changes <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (10/02)

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: *Linda G. Malone* **Linda G. Malone** DATE **9/3/03** (850) 444-6664

Assistant Secretary/Assistant Treasurer