

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F15141

1. Entity Name
TECO ENERGY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -14 PM 2:00

Principal Place of Business C/O D. E. SCHWARTZ 702 N. FRANKLIN ST. TAMPA FL 33602-4418 US	Mailing Address C/O D. E. SCHWARTZ P O BOX 111 TAMPA FL 33601-0111 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State	City & State
Zip	Country

4. FEI Number 59-2052286	Applied For
	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 FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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 <input type="checkbox"/> Delete
NAME	WELCH, J.O.
STREET ADDRESS	702 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA FL 33602
TITLE	CPD <input type="checkbox"/> Delete
NAME	FAGAN, R.D.
STREET ADDRESS	702 N FRANKLIN ST
CITY-ST-ZIP	TAMPA FL 33602
TITLE	V <input type="checkbox"/> Delete
NAME	LEHFELDT, R.
STREET ADDRESS	702 N FRANKLIN ST
CITY-ST-ZIP	TAMPA FL 33602
TITLE	V <input type="checkbox"/> Delete
NAME	R. K. EUSTACE
STREET ADDRESS	702 N FRANKLIN ST
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VS <input type="checkbox"/> Delete
NAME	SCHWARTZ, D.E.
STREET ADDRESS	702 N. FRANKLIN STREET
CITY-ST-ZIP	TAMPA FL 33602
TITLE	VT <input type="checkbox"/> Delete
NAME	CALLAHAN, S.W.
STREET ADDRESS	702 N. FRANKLIN STREET
CITY-ST-ZIP	TAMPA FL 33602

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400019189334
STREET ADDRESS	05/16/03--01066--026 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: D.E. Schwartz **D.E. Schwartz** 4/28/03 813/228-4111