2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J70738 **DOCUMENT#**

1. Entity Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TECO INVESTMENTS, INC.

			1	OWETEN			
Principal Place of Business C/O D. E. SCHWARTZ 702 N. FRANKLIN ST TAMPA FL 33602-4418 US g		Mailing Address C/O D. E. SCHWARTZ P.O. BOX 111 TAMPA FL 33601-0111 US					
2. Principal Place of Business		3. Mailing Address			# *###### #!#! #### ##### #### #### #### ##### ######	1 81811 81811 81	an alah mah
<u>'</u>	, , , , , , , , , , , , , , , , , , , ,						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		(4. FEI Number 59-2802339		oplied For ot Applicable
Zip	Country	Zip	Country			8.75 Add ee Require	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MCDEVITT, S M				Name			
	ANKLIN ST		Street Address		(P.O. Box Number is Not Acceptable)		
TAMPA FL 33602							
			City		FL	Zip Code	e
8. The above	named entity submits this statement fo	r the purpose of changing	g its registered office	or registere	d agent, or both, in the State of Florida. I am fa	miliar with,	and accept
the obligation	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Agent sig	nature required w	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.		O May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS	3 IN 11
TITLE	PTD	☐ Delete	TITLE			☐ Change	Addition
NAME	GILLETTE, G. L.		NAME				
STREET ADDRESS CITY-ST-ZIP	702 N FRANKLIN ST TAMPA FL 33602		STREET ADDRES	SS			
 _	S		CITY-ST-ZIP				
TITLE NAME	SCHWARTZ, D. E.	☐ Delete	TITLE NAME		· ·	Change	☐ Addition
STREET ADDRESS	702 N FRANKLIN ST		STREET ADDRES	is			· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	1			(
TITLE	VD	Delete	TITLE			Change	☐ Addition
NAME	CALLAHAN, S.W.		NAME				j
	702 N FRANKLIN ST		STREET ADDRES	s			
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	-			
TITLE	D Eustace, R.K.	Delete	TITLE	}		Change	☐ Addition
NAME STREET ADDRESS	702 N. FRANKLIN ST.		NAME STREET ADDRES				
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP	~			{
TITLE		☐ Delete	TITLE	 		Change	Addition \
NAME		~ 501616	NAME		•		
STREET ADDRESS			STREET ADDRES	s [
CITY-ST-ZIP			. CITY-ST-ZIP	1			_
TITLE		☐ Delete	TITLE		(Change	Addition
NAME			MAMC	-			ĺ

STREET ADDRESS

CITY-ST-ZIP

FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90366 024 ***150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR