

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **J74330**

1. Entity Name
TECO POWER SERVICES CORPORATION



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -14 PM 2:02

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**



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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2816817	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDEVITT, S M 702 N FRANKLIN ST TAMPA FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, D. E. 702 N. FRANKLIN STREET TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800019189398 ☐ Change ☐ Addition 05/16/03--01066--028 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUDWIG, R.E. 702 N. FRANKLIN STREET TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENNINGS, G. D (JR) 702 N FRANKLIN ST TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, G. L. 702 N. FRANKLIN ST. TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, L A 702 N FRANKLIN ST TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGAN, R. D. 702 N. FRANKLIN STREET TAMPA FL 33602 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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]* **D.E. Schwartz** 4/28/03 813/228-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date