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

05-02-2003 90366 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J97368 **DOCUMENT #**

1. Entity Name

TECO DIVERSIFIED, INC.

Pincipal Place of Business C/O D. E. SCHWARTZ 702 N. FRANKLIN ST. TAMPA FL 33602-0110 US 2. Principal Place of Business				Mailing Address C/O D. E. SCHWARTZ PO BOX 111 TAMPA FL 33601-0111 US 3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				FEI Number	59-286656	60	├	applied For lot Applicable	
Zip	Zip Country			Zip Count			5. Certificate of Status Desired			\$8.75 AG	\$8.75 Additional Fee Required		
6. Name and Address of Current F							7.	7. Name and Address of New Registered Agent					
MCDEVITT, Ś M 702 N FRANKLIN ST TAMPA FL 33602				i			Name Street Address (P.O. Box Number is Not Acceptable)						
The state of the s											Zip Co		
									to the Otto	F			
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								1	ion Campaign Fund Contribu	_		00 May Be ed to Fees	
10.	· · -	OFFICERS AN	D DIRECTO	RS	11.		Αl	DDITIONS/CI	HANGES TO O	FFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GILLETTE, 702 N. FR/ TAMPA FL	anklin street		☐ Delete	1						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EUSTACE, 702 N. FRA TAMPA FL	nklin street		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ 702 N. FRA TAMPA FL	NKLIN STREET		☐ Delete		1					☐ Change	Addition	
	PD FAGAN, R.I 702 N. FRA TAMPA FL	nklin st.	•	Delete		- (☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		J					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1					☐ Change	Addition	

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: