

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 036 ***150.00

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

DOCUMENT # P94000010164

1. Entity Name
FPL ENERGY VIRGINIA POWER SERVICES, INC.



Principal Place of Business
**700 UNIVERSE BOULEVARD
JUNO BEACH, FL 33408**

Mailing Address
**ATTN: RITA W. COSTANTINO
700 UNIVERSE BOULEVARD
JUNO BEACH, FL 33408**



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
65-0471761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON, JOAQUIN E
9250 WEST FLAGLER ST.
MIAMI, FL 33174**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEES \$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 **D** ☐ Delete
NAME **GREEN, RONALD F**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **D** ☒ Change ☐ Addition
NAME **ROBO, JAMES L**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL**

TITLE **DP** ☐ Delete
NAME **RODRIGUEZ, ANTONIO**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **KEENER, JAMES A**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **COSTANTINO, RITA W**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **STANTON, JOHN W**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **S** ☐ Change ☒ Addition
NAME **TANCER, EDWARD F**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **DT** ☐ Delete
NAME **MCGRATH, ROBERT L**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

TITLE **DT** ☒ Change ☐ Addition
NAME **SORENSEN, MARK R**
STREET ADDRESS **700 UNIVERSE BLVD**
CITY-ST-ZIP **JUNO BEACH, FL 33408**

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:

Rita W. Costantino

4/10/2003

561-691-7267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rita W. Costantino, Assistant Secretary

CR2E034 (10/02)