

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90252 001 \*\*\*450.00

**DOCUMENT #** P97000032710 ✓  
 Entity Name  
**TECO/BGA, INC.**

Principal Place of Business Mailing Address

14298

Principal Place of Business  
 /o D. E. SCHWARTZ  
 Suite, Apt. #, etc.  
 702 N FRANKLIN ST  
 City & State  
 TAMPA FL  
 Zip Country  
 33602-4429 US

3. Mailing Address  
 c/o D. E. SCHWARTZ  
 Suite, Apt. #, etc.  
 P.O. BOX 111  
 City & State  
 TAMPA FL  
 Zip Country  
 33601-0111 US

4. FEI Number  
 59-3442612  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 FL Zip Code

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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DELETE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANTRELL, W. N. 702 N FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALLISON, J. 702 N. FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOSEK, R. S. 702 N. FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, R. P. 702 N FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GILLETTE, G. L. 702 N FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWARTZ, D. E. 702 N FRANKLIN ST TAMPA FL 33602	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D.E. Schwartz* D.E. Schwartz 4/27/00 813-228-1808  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)