

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90105 020 ***150.00

DOCUMENT # P97000032710

1. Entity Name
TECO AGC, INC.

Principal Place of Business
**702 NORTH FRANKLIN STREET
 TAMPA FL 33602
 US**

Mailing Address
**702 NORTH FRANKLIN STREET
 TAMPA FL 33602
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o D.E. Schwartz
 Suite, Apt. #, etc.

3. Mailing Address
c/o D.E. Schwartz
 Suite, Apt. #, etc.
P.O. Box 111

City & State

City & State
Tampa, FL

4. FEI Number **59-3442612**

Applied For
 Not Applicable

Zip Country

Zip Country
33601-0111 US

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

**MCDEVITT, S.M.
 702 NORTH FRANKLIN STREET
 TAMPA FL 33602**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. 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, 2002 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLISON, J.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILLETTE, G. L.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWTON, E.B.	
STREET ADDRESS	702 NORTH FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CANTRELL, W N	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHWARTZ, D E	
STREET ADDRESS	702 N FRANKLIN STREET	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, R P	
STREET ADDRESS	702 FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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: *[Signature]* **SIGNATURE REQUIRED** **E. Schwartz** 4/29/02 (813) 228-1808
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)