

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

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

05-15-2002 90105 022 \*\*\*150.00

DOCUMENT # P98000067186 ✓  
1. Entity Name

TECO BGA Thermal Systems, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>c/o D.E. Schwartz</u> Suite, Apt. #, etc. <u>702 N. Franklin Street</u> City & State <u>Tampa, FL</u> Zip <u>33602</u>		3. Mailing Address <u>c/o D.E. Schwartz</u> Suite, Apt. #, etc. <u>P.O. Box 111</u> City & State <u>Tampa, FL</u> Zip <u>33601-0111</u>	
Country <u>US</u>		4. FEI Number <u>65-0858520</u>	

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <u>S.M. McDevitt</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>702 N. Franklin Street</u>	
	City <u>Tampa</u>	Zip Code <u>FL 33602</u>

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 [Signature]

4/29/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>W.N. Cantrell</u> <u>702 N. Franklin Street</u> <u>Tampa, FL 33602</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P/D</u> <u>M.W. Gibson</u> <u>702 N. Franklin Street</u> <u>Tampa, FL 33602</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T/D</u> <u>G.L. Gillette</u> <u>702 N. Franklin Street</u> <u>Tampa, FL 33602</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>D.E. Schwartz</u> <u>702 N. Franklin Street</u> <u>Tampa, FL 33602</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] D.E. Schwartz 4/29/02 (813) 228-1808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)