

2000 UNIFORM BUSINESS REPORT (UBR)

0000293

DOCUMENT # 843993

1. Entity Name.

FPL FUELS, INC.

FILED

00 JAN 11 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

C/O J H MANAGEMENT CORP
P.O. BOX 4024
BOSTON MA 02101
US

% JH HOLDINGS CORP
PO BOX 4024
BOSTON MA 02101-4024
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-2992456

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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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

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) ☒

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, NANCY D.
STREET ADDRESS 39 SOUTH TERRACE
CITY-ST-ZIP BEVERLY MA ☐ Delete

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

TITLE ASD
NAME COLBY, LOUISE E.
STREET ADDRESS 11 CAZENOVE STREET
CITY-ST-ZIP BOSTON MA ☐ Delete

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

TITLE VP
NAME BITAR, DOLORES A
STREET ADDRESS 25 RESERVOIR RD, C3
CITY-ST-ZIP PEMBROKE MA 02359 ☐ Delete

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

TITLE AS
NAME FITZGERALD, LAURIE A
STREET ADDRESS 63 LAWRENCE ST
CITY-ST-ZIP MALDEN MA ☐ Delete

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

TITLE T
NAME DONALDSON, R. DOUGLAS
STREET ADDRESS 28 GRANT STREET
CITY-ST-ZIP NEEDHAM MA ☐ Delete

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

TITLE S
NAME WILSON, JACY L
STREET ADDRESS ROPES & GRAY, ONE INTERNATIONAL PLACE
CITY-ST-ZIP BOSTON MA 02110-2624 ☐ Delete

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 Date

(617) 951-7690 Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 546628 4304990

AUTHORIZATION :

Patricia Pzynt

COST LIMIT : \$ 150

ORDER DATE : January 10, 2000

ORDER TIME : 10:14 AM

ORDER NO. : 546628-005

CUSTOMER NO: 4304990

CUSTOMER: Jacy Wilson, Legal Assistant
Ropes & Gray
One International Place

Boston, MA 02110-2624

ANNUAL REPORT FILING

NAME: FPL FUELS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Joseph D. Demotte~~

Christine Willich

EXAMINER'S INITIALS:

*Jxt
1109
521-0821*

RECEIVED
00 JAN 11 AM 11:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

KE