

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90064 014 \*\*\*150.00

**DOCUMENT # 843993**

1. Entity Name  
**FPL FUELS, INC.**

Principal Place of Business  
**C/O J H MANAGEMENT CORP**  
**P.O. BOX 4024**  
**BOSTON MA 02101**  
**US**

Mailing Address  
**% JH HOLDINGS CORP**  
**PO BOX 4024**  
**BOSTON MA 02101**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-2992456**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE ☒ Change ☐ Addition  
 NAME **Nancy D. Smith**  
 STREET ADDRESS **26 Ashton Street**  
 CITY-ST-ZIP **Beverly, MA**

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

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

TITLE ☐ Delete  
 NAME **VP**  
 STREET ADDRESS **OLIVERI, ROSA A**  
 CITY-ST-ZIP **9 MT. VERNON STREET, APT. 3**  
**DORCHESTER MA 02125**

TITLE ☒ Change ☐ Addition  
 NAME **Geraldine St. Louis**  
 STREET ADDRESS **60 Cottage Street**  
 CITY-ST-ZIP **East Boston, MA**

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
 NAME **Karen Anne Granquist**  
 STREET ADDRESS **20 Summer Street, Apt. 504N**  
 CITY-ST-ZIP **Malden, Massachusetts 02110-2624**

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:

*Karen A. Granquist*

**Karen A. Granquist**

1/16/02

617-951-7193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/07/02



# 2002 UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> 843993	
1. Entity Name <b>FPL FUELS, INC.</b>	
Principal Place of Business <b>C/O J H MANAGEMENT CORP P.O. BOX 4024 BOSTON MA 02101 US</b>	Mailing Address <b>% JH HOLDINGS CORP PO BOX 4024 BOSTON MA 02101 US</b>
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4022 76  
**COPY**



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>13-2992456</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

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**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, NANCY D. 39 SOUTH TERRACE BEVERLY MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Nancy D. Smith 26 Ashton Street Beverly, MA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD COLBY, LOUISE E. 11 CAZENOVE STREET BOSTON MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP OLIVERI, ROSA A 9 MT. VERNON STREET, APT. 3 DORCHESTER MA 02125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Geraldine St. Louis 60 Cottage Street East Boston, MA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS FITZGERALD, LAURIE A 63 LAWRENCE ST MALDEN MA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DONALDSON, R. DOUGLAS 28 GRANT STREET NEEDHAM MA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S WILSON, JACY L ROPES &amp; GRAY, ONE INTERNATIONAL PLACE BOSTON MA 02110-2624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Karen Anne Granquist 20 Summer Street, Apt. 504N Malden, Massachusetts 02110-2624</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE: *Karen Anne Granquist* Karen A. Granquist

1/16/02

617-951-7193

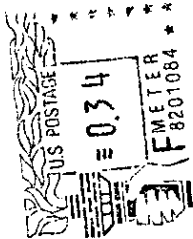
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time Phone #



FROM

\_\_\_\_\_  
\_\_\_\_\_



NO POSTAGE NECESSARY POSTAGE HAS BEEN PREPAID BY

**ROPES & GRAY**  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110-2624

4/0228

**Return To Karen A. Granquist**



ROPES & GRAY  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110-2624  
PHONE: (617) 951-7000  
FAX: (617) 951-7050  
DIRECT DIAL: 617-951-7193  
KGRANQUIST@ROPESGRAY.COM

Doc# 843993  
402276

January 16, 2002

**VIA CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500


Re: FPL Fuels, Inc. (FEI 13-2992456)

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report of FPL Fuels, Inc. and check for the \$150.00 filing fee. Kindly file the report at your earliest convenience and return a date-stamped copy of the report to my attention in the postage-prepaid envelope.

If you have any questions, I can be reached at (617) 951-7193.

Sincerely,



Karen A. Granquist  
Corporate Paralegal

Enclosure



**ROPES & GRAY**  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110-2624  
PHONE: (617) 951-7000  
FAX: (617) 951-7050  
DIRECT DIAL: 617-951-7193  
KGRANQUIST@ROPESGRAY.COM

*Doc# 843993*  
*40227*

January 16, 2002

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Corporate Paralegal

Enclosure