

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90700 018 \*\*\*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

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SMITH, NANCY D.  
ASHTON STREET 26  
BOSTON MA 02101** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**26 Ashton Street  
Beverly, MA 01915**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Boston, MA 02116**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
ST LOUISE, GERLADINE  
60 COTTAGE STREET  
BOSTON MA 02121** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Vice President  
Geraldine St. Louis  
23 Lothrop Avenue  
Milton, MA 02186**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Needham, MA 02492**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**Dimitris Spiliakos**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like reports.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Treasurer**

Date

Daytime Phone #

CR2E034 (10/02)