

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91557 001 \*\*\*300.00

**DOCUMENT # F98000006352**

**1. Entity Name**

K & P Fuel, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
109 Northpark Blvd.

**3. Mailing Address**  
109 Northpark Blvd.

Suite, Apt. #, etc.  
Ste. 500

Suite, Apt. #, etc.  
Ste. 500

**City & State**  
Covington, LA

**City & State**  
Covington, LA

**Zip**  
70433

**Country**  
USA

**Zip**  
70433

**Country**  
USA

**4. FEI Number**  
72-1018652

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
CT Corporation

**Street Address (P.O. Box Number is Not Acceptable)**  
1200 South Pine Island Road

**City** **FL** **Zip Code**  
Plantation 33324

**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) ☒

January 1 - May 1 Fee is \$100.00  
After May 1, Fee is \$650.00  
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** Secretary  
**NAME** Daniel Moos  
**STREET ADDRESS** 110 Chacahoula Ln.  
**CITY - ST - ZIP** Mandeville, LA 70471

**TITLE** Treasurer  
**NAME** Steven Pisciotto  
**STREET ADDRESS** 109 Northpark Blvd, Ste 500  
**CITY - ST - ZIP** Covington, LA 70433

**TITLE** Director  
**NAME** Annwood Reedy  
**STREET ADDRESS** 109 Northpark Blvd, Ste 500  
**CITY - ST - ZIP** Covington, LA 70433

**TITLE**  
**NAME**  
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**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02 504-835-7171

Date Daytime Phone #