

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001603

1. Entity Name
SHELL FUELING SERVICES LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

77 SECOND STREET
SOMERVILLE NJ 08876

Mailing Address

77 SECOND STREET
SOMERVILLE NJ 08876

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 974

Suite, Apt. #, etc.

City & State

Somerville NJ

Zip

08876

Country

USA

4. FEI Number

22-3675421

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME Richard Workman MGRM
STREET ADDRESS 77 Second St
CITY-ST-ZIP Somerville NJ 08876

TITLE ☐ Delete
NAME Warren Tate, five
STREET ADDRESS 910 Louisiana
CITY-ST-ZIP One Shell Plaza, Suite 2441 MGRM
Houston, TX 77002

TITLE ☐ Delete
NAME Karen Nemshick
STREET ADDRESS 77 Second St
CITY-ST-ZIP Somerville, NJ 08876 MGR

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900003350639--6
CITY-ST-ZIP -08/09/00--01032--022
*****50.00 *****50.00

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

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

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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Karen Nemshick*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2-19-00 908-725-7737
Date Daytime Phone #

CR2E083 (5/00)