

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

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90168 022 \*\*\*150.00

DOCUMENT # P010000 72186  
1. Entity Name  
COOP FUEL & LUBRICANTS, INC



**DO NOT WRITE IN THIS SPACE**

54053079

2. Principal Place of Business  
4911 8TH AVE S  
State, Apt. #, etc.  
City & State  
GULFPORT, FL  
Country  
USA

3. Mailing Address  
SOME  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
59-3733323  
Applied For  
 Not Applicable

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

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7. Name and Address of Current Registered Agent  
Name  
LUTER SAMMIB  
Street Address (Post Office Number is Not Acceptable)  
3573 PASADENA AVE  
City  
SOUTH PASADENA FL Zip Code  
33707

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$100.00  
After May 1, Fee is \$200.00  
Amended UBR is \$61.25  
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			
TITLE	<u>PVST. O.</u>	TITLE	
NAME	<u>LUTER KEVIN</u>	NAME	
STREET ADDRESS	<u>4911 8TH AVE SOUTH</u>	STREET ADDRESS	
CITY - ST - ZIP	<u>GULFPORT, FL - 33707</u>	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 included 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 of this filing attachment with an address, with all other like empowered.

SIGNATURE: Kevin Water PROSIDENT 4-30-04 (727) 321-3424  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #