

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13902

1. Entity Name

GLOBAL FUEL CO.



FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90058 004 ***550.00

Principal Place of Business

800 S. STREET
WALTHAM MA 02154

Mailing Address

800 S. STREET
WALTHAM MA 02154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2216350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME SLIFKA, ALFRED A.
STREET ADDRESS 1 COMMONWEALTH AVE SUITE 3
CITY-ST-ZIP BOSTON MA ☐ Delete

TITLE V
NAME MCMANMON, THOMAS A.
STREET ADDRESS 37 SUFFOLK ROAD
CITY-ST-ZIP CHESTNUT HILL MA ☐ Delete

TITLE S
NAME FANEUIL, EDWARD
STREET ADDRESS 56 GATEWOOD DR
CITY-ST-ZIP NEEDHAM MA ☐ Delete

TITLE TD
NAME SLIFKA, RICHARD
STREET ADDRESS 11 TAMARACK ROAD
CITY-ST-ZIP WESTON MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 reports 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:

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

Edward J. Faneuil 8-23-00
SECRETARY

Date

Daytime Phone #

CR2E034 (5/00)