

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000000346**1. Entity Name
COLA BOOSTERS, INC.

| | |
|-----------------------------|----------------------|
| Principal Place of Business | Mailing Address |
| 404 IMPERIAL BLVD | P. O. BOX 5643 |
| LAKELAND FL 33803 US | LAKELAND FL 33807 US |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3220705Applied For
Not Applicable

Zip Country

Zip Country

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

RACETTE PAUL H
6062 CHARLOMA DRLAKELAND FL
33813 USName
SHUFFLEBARGER JOHN BStreet Address (P.O. Box Number is Not Acceptable)
5730 LAKE VICTORIA DRIVECity FL Zip Code
LAKELAND 33813

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 **JOHN B. SHUFFLEBARGER****05/21/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | DOLAN BARB | |
| STREET ADDRESS | 4108 BARRET AVE | |
| CITY-ST-ZIP | PLANT CITY FL 33567 | |
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | RACETTE PAUL H | |
| STREET ADDRESS | 6062 CHARLOMA DRIVE | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RACETTE CYNTHIA K | |
| STREET ADDRESS | 6062 CHARLOMA DRIVE | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE GEORGE | |
| STREET ADDRESS | 777 POWDER HORN ROW | |
| CITY-ST-ZIP | LAKELAND FL 33809 | |
| TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHUFFLEBARGER JOHN B | |
| STREET ADDRESS | 5730 LAKE VICTORIA DRIVE | |
| CITY-ST-ZIP | LAKELAND FL 33813 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERTHIAUME PATTI | |
| STREET ADDRESS | 604 PALENCIA DR | |
| CITY-ST-ZIP | LAKELAND FL 33803 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 617, 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 empowered.

SIGNATURE: **John B. Shufflebarger**

PTD

05/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)