

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90725 018 ****69.00

DOCUMENT # N94000000346

1. Entity Name

COLA BOOSTERS, INC.

Principal Place of Business

Mailing Address

**404 IMPERIAL BLVD
 LAKELAND FL 33803
 US**

**P. O. BOX 5643
 LAKELAND FL 33807
 US**

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

59-3220705

Applied For

Not Applicable

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

**SHUFFLEBARGER, JOHN B
 5730 LAKE VICTORIA DRIVE
 LAKELAND FL 33813**

Name

Matthew W Grant

Street Address (P.O. Box Number is Not Acceptable)

6004 Forest Lane

City

Lakeland

FL

Zip Code

33811

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

Matthew W Grant

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

(NOTE: Registered Agent signature required when reinstating)

05/17/02

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 **SD** ☒ Delete
 NAME **BERTHAUME, PATTI**
 STREET ADDRESS **604 PALENCIA DR**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **PD** ☒ Change ☒ Addition
 NAME **Patti BerThiaume**
 STREET ADDRESS **604 Palencia Dr**
 CITY-ST-ZIP **Lakeland FL 33803**

TITLE **PTD** ☒ Delete
 NAME **SHUFFLEBARGER, JOHN B**
 STREET ADDRESS **5730 LAKE VICTORIA DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Larry Lawrence**
 STREET ADDRESS **742 Sage Wood drive**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE **VD** ☒ Delete
 NAME **MOORE, GEORGE**
 STREET ADDRESS **777 POWDER HORN ROW**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **SD** ☐ Change ☒ Addition
 NAME **John Wolfe**
 STREET ADDRESS **2634 Woodwind Hills Ln**
 CITY-ST-ZIP **Lakeland, FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **Matthew Grant**
 STREET ADDRESS **6004 Forest Lane**
 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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:

Matthew W Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20/May 2002 (813) 644-6774

Date

Daytime Phone #

CR2E037 (9/01)