


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90145 036 ****69.00

DOCUMENT # <i>N94000000346</i>	
1. Entity Name <i>COLA Boosters Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>404 Imperial Blvd</i>	3. Mailing Address <i>PO Box 5643</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Lakeland, FL</i>	City & State <i>Lakeland FL</i>	4. FEI Number <i>59-3220705</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33803</i>	Country <i>USA</i>	Zip <i>33807</i>	Country <i>USA</i>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>Steven Rast</i>
Street Address (P.O. Box Number is Not Acceptable) <i>1517 Auburn Oaks Cir</i>
City <i>Auburndale</i>
FL Zip Code <i>33823</i>

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 *STEVEN A. RAST, President COLA Boosters Inc.* *[Signature]* *5/6/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE <i>President PD</i>	NAME <i>Steven Rast</i>	TITLE	NAME
STREET ADDRESS <i>1517 Auburn Oaks Cir</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Auburndale, FL 33823</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>Vice President VD</i>	NAME <i>RICHARD C. PIATT, II</i>	TITLE	NAME
STREET ADDRESS <i>1209 Valley Hill W</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>LAKELAND, FL 33813</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>Treasurer TD</i>	NAME <i>Stacey Roberts</i>	TITLE	NAME
STREET ADDRESS <i>4118 Eglon Ave</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Plant City, FL 33566</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>Sec SD</i>	NAME <i>PATIENCE BANKS</i>	TITLE	NAME
STREET ADDRESS <i>2906 ASTON AVE</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>PLANT CITY, FL 33566</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *STEVEN A. RAST, President COLA Boosters Inc.* *5/6/03* *(407) 468-9706*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)