

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000004830

1. Entity Name
A.G.A. BOOSTERS, INC.

Principal Place of Business 1013 SE HOLBROOK CT PORT ST LUCIE 34952	Mailing Address 1013 SE HOLBROOK CT PORT ST LUCIE 34952	FL
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2. Principal Place of Business 1013 SE HOLBROOK CT	3. Mailing Address 1013 SE HOLBROOK CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL
Zip 34952	Country US

4. FEI Number
65-0786969

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOPKO JAMES
 2307 S.E. MONTEREY ROAD

 STUART FL
 34996 US

7. Name and Address of New Registered Agent

Name
 SOPKO JAMES
 Street Address (P.O. Box Number is Not Acceptable)
 2307 SE MONTEREY RD

 City
 STUART FL Zip Code
 34996

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 _____ DATE **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN CATHY 973 SW CALIFORNIA BLVD PORT SAINT LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE MONICA 594 SE SOUTHWOOD TRL STUART FL 34997	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORINGER KIM 2191 NW 18 DR STUART FL 34994	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DILLENKOFER ERIC 2382 SW INDEPENDENCE PT ST LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN TERRI 2717 SW DISTRICT AVE PORT ST LUCIE FL 34953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLENKOFER ERIK 2382 SW INDEPENDENCE RD PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT LYNNETTE 183 LOGAN ST PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORINGER KIM 2191 NW 18 DR STUART FL 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSON JILL 1049 SW SULTAN DR PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE MONICA 594 SE SOUTHWOOD TRL STUART FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Erik Dillenkofer D 04/16/2001

CR2E037 (11/00)