2003 FOR PROFIT CORPORATION

## FILED Jul 17, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State P02000073896 DOCUMENT # 1. Entity Name 07-17-2003 90032 026 \*\*\*150.00 CITISCRIPTS, INC. Principal Place of Business Mailing Address 12919 PRESWICK DRIVE 12919 PRESWICK DRIVE RIVERVIEW FL 33569 RIVERVIEW FL 33569 3. Mailing Address Higherest Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PACITTIAS, JENNIFER Street Address (P.O. Box Number is Not Acceptable) 12919 PRESWICK DRIVE **RIVERVIEW FL 33569** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE TITLE ☐ Delete PACITTI, JENNIFER NAME NAME 12919 PRESWICK DRIVE STREET ADDRESS STREET ADDRESS **RIVERVIEW FL 33569** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 607, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition

Attachment #

CitiScripts, Inc. 1547 Higherest Circle Valrico, Florida 33594 813-655-9653

90143999 P02000373896

July 14, 2003

To Whom It May Concern:

I recently received the 2003 Uniform Business Report. However, this is the first notice I've received. Enclosed please find a check for \$150 for the original filing fee. If you have any questions, please feel free to call me at the number above.

Thank you, Jennefor annacht

Jennifer Ann Pacitti, President CitiScripts, Inc.