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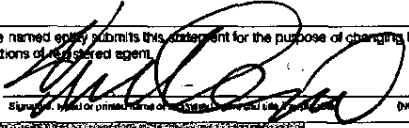
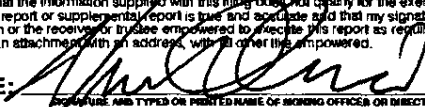
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**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023167369

09/18/03--01035--005 **550.00

DOCUMENT #P94000010907			
1. Entity Name CITRA SCIENCE CORP.			
Principal Place of Business 2875 MCI DRIVE PINELLAS PARK, FL 33782		Mailing Address 2875 MCI DR PINELLAS PARK, FL 33782	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DOTOLO, CONNIE C 2875 MCI DR PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name DOTOLO, VINCENT A Street Address (P.O. Box Number is Not Acceptable) 2875 MCI drive City PINELLAS PARK FL 33782	
6. 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 9-15-03	
8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTOLO, CONNIE C 12666 ENTERPRISE BLVD. LARGO, FL 34643 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTOLO, CONNIE C 2875 MCI drive PINELLAS PARK FL 33782 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTOLO, DOMINIQUE E 12666 ENTERPRISE BLVD. LARGO, FL 34643 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTOLO, DOMINIQUE E 2875 MCI drive PINELLAS PARK FL 33782 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOTOLO, VINCENT A 2875 MCI DRIVE PINELLAS PARK FL 33782 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing complies with the exemption stated in Section 119.07(3)(1), 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 file 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, without other law empowered.			
SIGNATURE: 		DATE 9-15-03 727 217 9600	

CRF0334 (10/02)

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