



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 CORPORATIONS DIV

2018 OCT -3 AM 10:25

Annual Report for the year: **2018**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000526717		2. Exact name of the Corporation Scriptfleet, Inc.			
3. Principal Office Address 2251 Lynx Lane, Suite 5			City Orlando	State FL	Zip 32804
4. NAICS Code 492110		6. Brief description of the character of business conducted in Rhode Island Logistics management			
5. State of Incorporation Florida					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Walter P. Maner, IV			Treasurer Name		
Street Address 2251 Lynx Lane, Suite 5			Street Address		
City Orlando	State FL	Zip 32804	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Mark Glazman			Director Name Walter P. Maner, IV		
Street Address 2251 Lynx Lane, Suite 5			Street Address 2251 Lynx Lane, Suite 5		
City Orlando	State FL	Zip 32804	City Orlando	State FL	Zip 32804
Director Name Peter Glazman			Director Name James Ashton		
Street Address 2251 Lynx Lane, Suite 5			Street Address 2251 Lynx Lane, Suite 5		
City Orlando	State FL	Zip 32804	City Orlando	State FL	Zip 32804
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/FILES	
		5,000		CWP \$ 0.0100	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative David Hunter					Date 10/2/2018
Signature of Authorized Representative <i>David Hunter</i>					

FILED

OCT 03 2018

BY *JP QR57Z*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Scriptflect, Inc. 2018 Annual Report Attachment

7. Officers

NAME	BUSINESS ADDRESS	TITLE
Jacob van Leenen	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chief Executive Officer
David Hunter	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chief Financial Officer
Peter Glazman	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Chairman
Lee Garber	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Assistant Secretary
James Ashton	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Assistant Secretary

8. Directors

NAME	BUSINESS ADDRESS	TITLE
Lee Garber	5 Lynx Lane, Ste 5, Orlando, FL, 32804	Director