

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90060 025 \*\*\*158.75

**DOCUMENT # P01000045978**

1. Entity Name  
**THE JACKSON RIVERS COMPANY**

Principal Place of Business      Mailing Address  
~~4045 BAHIA ISLE CIRCLE~~      ~~4045 BAHIA ISLE CIRCLE~~  
 WELLINGTON FL 33467      WELLINGTON FL 33467



2. Principal Place of Business      3. Mailing Address  
**2401 E. ATLANTIC BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**POMPANO BEACH FL**

Country      Zip      Country  
**33062**

4. File Number      Applied For  
**65-1102865**      Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PARADISO, DON A ESQ.**  
~~2072 SOUTH MILITARY TRAIL, SUITE #9~~  
~~WEST PALM BEACH FL 33415~~

7. Name and Address of New Registered Agent  
 Name  
~~2401 E. ATLANTIC BLVD. #314~~  
 City & State      Zip Code  
**POMPANO BEACH FL 33062**

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: *Don A. Paradiso*      RA      DATE: *011402*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARADISO, DON A ESQ.</b>	
STREET ADDRESS	<del>4045 BAHIA ISLE CIRCLE</del>	
CITY-ST-ZIP	<del>WELLINGTON FL 33467</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>III N. POMPANO BEACH BL.</b>	
STREET ADDRESS	<b>#1707</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FLORIDA</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>33062</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Don A. Paradiso*      Date: *01-14-02*      Daytime Phone #: *954-782-5000*

UBR 2002

CFR2E034 (9/01)