

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90121 037 ***150.00

DOCUMENT # P07380

1. Entity Name
RIVER OAKS PROPERTIES, INC.



| | | | |
|---|---------|--|---------|
| Principal Place of Business | | Mailing Address | |
| 20 TRAFALGAR SQUARE STE 602 NASHUA NH 03063 US | | 2450 N CITRUS HILLS BLVD SUITE 602 HERNANDO FL 34442-5348 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|----------------------------------|--------------------------|---------------------------------------|--------------------------|
| 4. FEI Number | 02-0391050 | Applied For | <input type="checkbox"/> |
| | | Not Applicable | <input type="checkbox"/> |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ABEL, ERIC D ESQUIRE 2476 N ESSEX AVENUE HERNANDO FL 34442 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|------------------------------------|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COLORUSSO, JAMES | NAME | |
| STREET ADDRESS | 20 TRAFALGAR SQUARE, STE. 602 | STREET ADDRESS | |
| CITY-ST-ZIP | NASHUA NH | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAMPOSI, M L | NAME | |
| STREET ADDRESS | 20 TRAFALGAR SQ SUITE 602 | STREET ADDRESS | |
| CITY-ST-ZIP | NASHUA NH | CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAMPOSI, STEPHEN A. | NAME | |
| STREET ADDRESS | 2476 N ESSEX AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | HERNANDO FL 34442 | CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASTOR, JOHN E. | NAME | |
| STREET ADDRESS | 2476 N ESSEX AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | HERNANDO FL 34442 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALVERS, DENNIS | NAME | |
| STREET ADDRESS | 20 TRAFALGAR SQUARE, STE. 602 | STREET ADDRESS | |
| CITY-ST-ZIP | NASHUA NH | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: Stephen A. Tamposi 1/6/00 352-746-6060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEPHEN A. TAMPOSI

CR2E034 (9/99)