

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90027 009 ***150.00

DOCUMENT # **P07380**

1. Entity Name
RIVER OAKS PROPERTIES, INC.

Principal Place of Business 20 TRAFALGAR SQUARE STE 602 NASHUA NH 03063 US	Mailing Address 2450 N CITRUS HILLS BLVD SUITE 303 HERNANDO FL 34442 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 2476 N. ESSEX AVE. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State HERNANDO FL	4. FEI Number 02-0391050	Applied For <input type="checkbox"/> Not Applicable
Zip 34442	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ABEL, ERIC D ESQUIRE
 2476 N ESSEX AVENUE
 HERNANDO FL 34442**

7. Name and Address of New Registered Agent
 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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D JOTE REALTY L.L.C C/O 20TRAFALGAR SQ., STE#602 NASHUA NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS-MALVERS, CASSANDRA C/O 20 TRAFALGAR SQ., STE #602 NASHUA NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAMPOSI, STEPHEN A. 2476 N ESSEX AVENUE HERNANDO FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PASTOR, JOHN E. 2476 N ESSEX AVENUE HERNANDO FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS-COLORUSSO, MELANIE 20 TRAFALGAR SQUARE, STE. 602 NASHUA NH 03063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STELLOS, ALYSON C/O 20 TRAFALGAR SQ., #602 NASHUA NH 03063

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

CR2E034 (9/01)