

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90094 015 ***150.00

04-14-2003 AV

DOCUMENT # P07380

1. Entity Name
RIVER OAKS PROPERTIES, INC.



Principal Place of Business
**20 TRAFALGAR SQUARE
STE 602
NASHUA NH 03063
US**

Mailing Address
**2476 N ESSEX AVE
HERNANDO FL 34442
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0391050**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03 352-746-6060
Date Daytime Phone #

CR2E034 (10/02)