

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91420 035 ***150.00

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DOCUMENT # P98000075637

1. Entity Name

ESKO AFFORDABLE HOUSING - 97A, INC.



Principal Place of Business

340 ROYAL POINCIANA PLAZA, SUITE 305
PALM BEACH FL 33480
US

Mailing Address

1544 SAWDUST ROAD, SUITE 210
THE WOODLANDS TX 77380

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

65-0868517

Applied For

Not Applicable

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

JENKINS, JAMES C
340 ROYAL POINCIANA WAY
STE 305
PALM BEACH FL 33480

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	P	<input type="checkbox"/> Delete
NAME	RUSH, G. BARRON	
STREET ADDRESS	1544 SAWDUST ROAD, SUITE 210	
CITY-ST-ZIP	THE WOODLANDS TX 77380	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JENKINS, JAMES	
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 305	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	S	<input type="checkbox"/> Delete
NAME	STAGGS, JANET	
STREET ADDRESS	1544 SAWDUST ROAD, SUITE 210	
CITY-ST-ZIP	THE WOODLANDS TX 77380	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

2813638705

Date

Daytime Phone #

CR2E034 (10/02)