

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90328 022 \*\*\*150.00

0696707 FP

**DOCUMENT # F98000006775**

1. Entity Name

**STANFORD FIDUCIARY INVESTOR SERVICES, INC.**



Principal Place of Business

~~1000 AIRPORT BLVD.~~

~~ST. JOHN'S, ANTIGUA~~

~~WI~~

Mailing Address

**%STANFORD FINANCIAL GROUP CO.**

**5050 WESTHEIMER**

**HOUSTON TX 77056**

**11030329**



2. Principal Place of Business

**NO. 11 PAULION DRIVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0860939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **PD** ☐ Delete

NAME **RAMIREZ, NELSON**  
STREET ADDRESS **5050 WESTHEIMER**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D/C** ☐ Delete

NAME **STANFORD, R. ALLEN**  
STREET ADDRESS **5050 WESTHEIMER**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D** ☐ Delete

NAME **ALLEN, KENNETH C**  
STREET ADDRESS **P.O. BOX 1**  
CITY-ST-ZIP **BANKS, MONTSEERRAT**

TITLE **D** ☐ Delete

NAME **BYRON, KENNY**  
STREET ADDRESS **%BANK OF ANTIGUA, 1000 AIRPORT BLVD.**  
CITY-ST-ZIP **ANTIGUA, W.I.**

TITLE **VPS** ☐ Delete

NAME **WINTER, ARLENE**  
STREET ADDRESS **5050 WESTHEIMER**  
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE **D** ☐ Delete

NAME **BLACKMAN, COURTNEY N**  
STREET ADDRESS **5050 WESTHEIMER**  
CITY-ST-ZIP **HOUSTON TX 77056**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**22/4/03**

**1-268-480-5933**

**SECRETARY - STCL**

Daytime Phone #

CR2E034 (10/02)