

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 038 ***150.00

DOCUMENT # P38071

1. Entity Name
STAGHORN INVESTMENTS LIMITED, A JERSEY, CHANNEL



DO NOT WRITE IN THIS SPACE

Principal Place of Business (Mailing Address)
GUYSCLIFFE HOUSE **GUYSCLIFFE HOUSE**
BRELADE'S BAY, ST. BRELADE'S BAY,
JERSEY CHANNEL ISLANDS JE38E A **JERSEY CHANNEL ISLANDS CI JE38E A**
GB **GB**

2. Principal Place of Business **GUYSCLIFFE HOUSE**
 Suite, Apt. #, etc. **ST. BRELADE'S BAY**
 City & State **JERSEY CHANNEL ISLANDS**
 Zip **JE38EA** Country **G.B.**

3. Mailing Address **1110 PINELLAS BAYWAY**
 Suite, Apt. #, etc. **#200**
 City & State **TIERRA VERDE, FL**
 Zip **33715** Country **USA**

4. FEI Number **59-3086783** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
STAPLETON, WILLIAM
1110 PINELLAS BAYWAY
SUITE 200
TIERRA VERDE FL 33715

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, 2000 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 **CD** Delete
 NAME **HIGSON, T.G.S.**
 STREET ADDRESS **5 RT. DE CHENE**
 CITY-ST-ZIP **GENEVA, SWITZERLAND**

TITLE **D** Delete
 NAME **TALBOT, E.A.**
 STREET ADDRESS **5 RT. DE CHENE**
 CITY-ST-ZIP **GENEVA, SWITZERLAND**

TITLE **D** Delete
 NAME **MAULEVERER, L.R.D.**
 STREET ADDRESS **GUYSCLIFFE HOUSE, ST. BRELADE'S BAY**
 CITY-ST-ZIP **JERSEY CI**

TITLE **S** Delete
 NAME **GLOBAL TRUST SERVICES**
 STREET ADDRESS **GUYCLIFFE HOUSE, ST. BRELADE'S BAY**
 CITY-ST-ZIP **JERSEY CI**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. 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
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 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: **For and on behalf of Global Trust Services (Jersey) Limited**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Ron Stewart* Date _____ Daytime Phone # _____

CR2E034 (9/99)