

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90101 005 ***150.00

DOCUMENT # P02000126141

1. Entity Name

APPLE MORTGAGE GROUP, INC.



Principal Place of Business
2200 CORPORATE BOULEVARD NW
SUITE 401
BOCA RATON FL 33431

Mailing Address
2200 CORPORATE BOULEVARD NW
SUITE 401
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

3107 Sherwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Zip

Country

Zip

33445

Country

USA

4. FEI Number

14-1654009

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

HCRM CORP.
2200 CORPORATE BOULEVARD NW
SUITE 401
BOCA RATON FL 33431

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS John D. Foss
CITY-ST-ZIP 3107 Sherwood Blvd Delray Beach FL

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS John D. Foss
CITY-ST-ZIP 3107 Sherwood Blvd Delray Beach FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Vice President
STREET ADDRESS Jeannie C. Foss
CITY-ST-ZIP 3107 Sherwood Blvd Delray Beach, FL 33445

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

(561)809-5628

CR2E034 (10/02)