

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90396 002 \*\*\*150.00

0491608 AV

**DOCUMENT # P94000050358**

1. Entity Name  
**CPI MORTGAGE CO.**



Principal Place of Business  
**25949 US HWY 19 N  
CLEARWATER FL 33763  
US**

Mailing Address  
**25949 US HWY 19 N  
CLEARWATER FL 33763  
US**



2. Principal Place of Business

**8601 LITTLE RD**

Suite, Apt. #, etc.

3. Mailing Address

**8601 LITTLE RD**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**NEW PORT RICHEY, FL**

City & State

**NEW PORT RICHEY, FL**

4. FEI Number

**59-3252996**

Applied For

Not Applicable

Zip

**34654**

Country

**PASCO**

Zip

**34654**

Country

**PASCO**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORNEMANN, WILLIAM  
25949 US HWY 19 N  
CLEARWATER FL 33763**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8601 LITTLE RD**

City

**NEW PORT RICHEY**

FL

Zip Code

**34654**

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

*William A. Bornemann*

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

**WILLIAM A.  
BORNEMANN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-03**

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BORNEMANN, WILLIAM</b>	
STREET ADDRESS	<b>4333 FALLBROOK BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BORNEMAN, BARBARA L</b>	
STREET ADDRESS	<b>4333 FALLBROOK BLVD</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

*William A. Bornemann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM A.  
BORNEMANN**

Date

**4-28-03**

**727**

**797-1700 X 236**

Daytime Phone #

CR2E034 (10/02)