

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030925

1. Entity Name  
AMERICAN PIONEER MORTGAGE SERVICES, INC.

Principal Place of Business  
2263 N.W. 2ND AVENUE  
SUITE 110  
BOCA RATON FL 33431

Mailing Address  
2263 N.W. 2ND AVENUE  
SUITE 110  
BOCA RATON FL 33431

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**FILED**  
**Jan 11, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90020 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0746592

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

## 6. Name and Address of Current Registered Agent

HEIDE, WILLIAM GEORGE  
2263 N.W. 2ND AVENUE  
SUITE 110  
BOCA RATON FL 33431

## 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

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

(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, 2002 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 D  
NAME HEIDE, WILLIAM GEORGE  
STREET ADDRESS 1275 N SWINTON AVE  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE P  
NAME HEIDE, KURT W  
STREET ADDRESS 631 ANCHOR RD  
CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

*William George Heide*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2002

561-362-8970

Date Daytime Phone #

007167 AV

CR2E034 (9/01)