

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90073 044 \*\*\*150.00

**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**

**90004356**



**2. Principal Place of Business**  
**639 E. OCEAN AVE**  
**SUITE 308**

**3. Mailing Address**  
**639 E OCEAN AVE**  
**SUITE 308**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**BOYNTON BCH FL**  
**Zip**  
**33435**

**City & State**  
**BOYNTON BCH FL**  
**Zip**  
**33435**

**4. FEI Number** **65-0746592**

**Applied For**  
**Not Applicable**

**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** **KURT W HEIDE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**693 E OCEAN AVE**  
**SUITE 308**  
**City** **BOYNTON BCH** **FL** **Zip Code** **33435**

**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** *Kurt W Heide*

**1-13-03**

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** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEIDE, WILLIAM GEORGE</b> <b>1275 N SWINTON AVE</b> <b>DELRAY BEACH FL 33444</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HEIDE, KURT W</b> <b>631 ANCHOR RD</b> <b>DELRAY BEACH FL 33444</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 or without other like empowered.**

**SIGNATURE:** *Kurt W Heide*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CR2E034 (10/02)