

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


FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 018 ***550.00

CR2E034 (4/03)

DOCUMENT # F02000002514

1. Entity Name
ADVANCED MORTGAGE CONCEPTS, INC.



Principal Place of Business
**404 WEST RIDGE PIKE, SUITE 500
CONSHOHOCKEN PA 19428**

Mailing Address
**404 WEST RIDGE PIKE, SUITE 500
CONSHOHOCKEN PA 19428**



2. Principal Place of Business
101 East 8th Street

3. Mailing Address
101 East 8th Street

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Conshohocken, PA

City & State
Conshohocken, PA

CHECK HERE IF MAKING CHANGES

4. FEI Number **23-3010893** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JONAS, GARY A JR.
2595 SOUTH EAST 9TH STREET
POMPANO BEACH FL 33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P JONAS, GARY A JR. 404 WEST RIDGE PIKE, SUITE 500 CONSHOHOCKEN PA 19428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 East 8th Street, Suite 200 Conshohocken, PA 19428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BLUM, ANDREW 404 WEST RIDGE PIKE, SUITE 500 CONSHOHOCKEN PA 19428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, WILLIAM J 404 WEST RIDGE PIKE, SUITE 500 CONSHOHOCKEN PA 19428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RISLER, GARY E 404 WEST RIDGE PIKE, SUITE 500 CONSHOHOCKEN PA 19428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **2-5-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #