

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90714 014 \*\*\*150.00

DOCUMENT # F02000004563

1. Entity Name  
HOME SOURCE MORTGAGE CORP



Principal Place of Business  
~~1787 SENTRY PARKWAY WEST BLDG 10 STE 1~~  
~~BLUE BELL PA 19422~~

Mailing Address  
681 BROADMOOR DRIVE  
BLUE BELL PA 19422



2. Principal Place of Business

1250 Germantown Pk

3. Mailing Address

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Plymouth Meeting PA

City & State

4. FEI Number 23-3007408

Applied For  
Not Applicable

Zip

19462

Country

Montgomery

Zip

Country

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

6. Name and Address of Current Registered Agent

MIRMELLI, STEWART

100 SOUTH EAST 2ND STREET STE. 2600

MIAMI FL 33131

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

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

TITLE CP  
NAME ROBERTS, DARREN S  
STREET ADDRESS 681 BROADMOOR DRIVE  
CITY-ST-ZIP BLUE BELL PA 19422 ☐ Delete

TITLE VCS  
NAME KAPLAN, RYAN O  
STREET ADDRESS 1900 JOHN F KENNEDY BLVD #1905  
CITY-ST-ZIP PHILADELPHIA PA 19103 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 RYAN O KAPLAN

4.30.03

610-239-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/01/2003