


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000005839	
1. Entity Name UVANTAGE HOME LENDING SERVICES, INC.	

Principal Place of Business 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047	Mailing Address 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047
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03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-3051009	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DYER, KEITH R 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOMANELLI, MICHAEL N 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KILLOUGH, STEPHEN P 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOUNTAIN, BRIAN S 2300 E. LINCOLN HWY, STE 609 LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000678006
04/02/07-80015-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 03/21/2007 (215) 757 0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #