

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90031 009 ***150.00

DOCUMENT # P13932

1. Entity Name

ADVANTA MORTGAGE CORP. USA



Principal Place of Business
WELSH & MCKEAN ROADS
P.O. BOX 918
SPRING HOUSE PA 19477
US

Mailing Address
WELSH & MCKEAN ROADS
P.O. BOX 918
SPRING HOUSE PA 19477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-2532654**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DCEO** ☐ Delete
NAME **ALTER, DENNIS**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

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

TITLE **DVCP** ☐ Delete
NAME **ROSOFF, WILLIAM A**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

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

TITLE **DSV** ☐ Delete
NAME **BECK, JEFFREY D**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

TITLE **D/V/T** ☒ Change ☐ Addition
NAME **Beck, Jeffrey D.**
STREET ADDRESS **Welsh & McKean Rds., PO Box 918**
CITY-ST-ZIP **Spring House, PA 19477**

TITLE **DSVC** ☐ Delete
NAME **BROWNE, PHILIP M**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

TITLE **D/SV/CF0** ☒ Change ☐ Addition
NAME **Browne, Philip M.**
STREET ADDRESS **Welsh & McKean Rds., PO Box 918**
CITY-ST-ZIP **Spring House, PA 19477**

TITLE **SVC** ☐ Delete
NAME **DIWILLIAMS, LENNY**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

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

TITLE **SVS** ☐ Delete
NAME **MAI, ELIZABETH H**
STREET ADDRESS **WELSH & MCKEAN ROADS, P.O. BOX 918**
CITY-ST-ZIP **SPRING HOUSE PA 19477**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc. # 013932
Advanta Mortgage Corp. USA-FL P 13932
30012242

OFFICERS

NAME: William Bracken
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Liane Browne
TITLE: V/AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Donna Butz
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Patricia Carroll
TITLE: V/AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Michael Coco
TITLE: V
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: David B. Weinstock
TITLE: V/CAO
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

Attachment

BU. #

P13932

30012242

NAME: Marci Wilf
TITLE: V, CA
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477

NAME: Susan Giusti
TITLE: AS
ADDRESS: Welsh & McKean Rds.
P.O. Box 918
Spring House, PA 19477