2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   **P94000048584**

1. Entity Name
ADVANTAGE HOME MORTGAGE CORPORATION

Principal Place of Business	Mailing Address
3619 20TH ST	3619 20TH ST
VERO BEACH FL 32960	VERO BEACH FL 32960
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	**3.** Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	**4.** FEI Number **59-3252489**	Applied For / Not Applicable
Zip	Country	Zip	Country	**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
TAYLOR, JAMES A III	Name
5070 HIGHWAY A1A	Street Address (P.O. Box Number is Not Acceptable)
VERO BEACH FL 32963	
	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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	DP	COLLINS, JOHN C	445 45TH CT	VERO BEACH FL	☐					☐	☐
	DT	COLLINS, SARA J	445 45TH CT	VERO BEACH FL	☐					☐	☐
	DV	MORGAN, ROBERT	176 16TH AVE	VERO BEACH FL 32962	☐					☐	☐
	DS	MORGAN, MARIA	176 16TH AVE	VERO BEACH FL 32962	☐					☐	☐
					☐					☐	☐
					☐					☐	☐

CR2E034 (10/02)

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: _____   2/13/03   (772)778-9907

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