

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

FILED
3 Apr 07, 2004 8:00 am
Secretary of State

03-26-2004 90022 021 ***150.00

DOCUMENT # P03000001971
1. Entity Name
ADVANCED ACCOUNTING & TAX CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 40427 US HIGHWAY 19 N		3. Mailing Address 40427 US HIGHWAY 19N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TARPON SPRINGS, FL		City & State TARPON SPRINGS, FL	
Zip 34689	Country	Zip 34689	Country

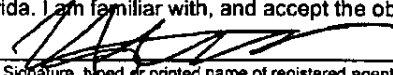
66410147

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0503548		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name DELGADO, HECTOR	
	Street Address (P.O. Box Number is Not Acceptable) 40427 US HIGHWAY 19N	
	City TARPON SPRINGS	FL Zip Code 34689

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  **DELGADO, HECTOR - PRESIDENT** **3/23/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DELGADO, HECTOR 40427 US HIGHWAY 19N TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT DELGADO, HECTOR JR. 15929 SAUSALITO CIRCLE CLERMONT, FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DELGADO, ANGEL A. 6033 9TH AVE. NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER DELGADO, HECTOR 40427 US HIGHWAY 19N TARPON SPRINGS, FL 34689	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DELGADO, HECTOR - PRESIDENT** **3/23/2004** **727-943-1983**

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