

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

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90052 048 ***150.00

DOCUMENT # P03000098521	
1. Entity Name	
HERNANDO ACCOUNTING & TAX SERVICE, INC.	

DO NOT WRITE IN THIS SPACE

24056303

2. Principal Place of Business 7281 SUNSHINE GROVE ROAD, SUITE 1		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BROOKSVILLE, FL		City & State	
Zip 34613	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0179678		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MICHAEL D. REGO	
Street Address (P.O. Box Number is Not Acceptable) 10019 HAYWARD ROAD	
City SPRING HILL	FL Zip Code 34608

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 *Michael D. Rego* **Michael D. Rego** **President** **4/19/2004**
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

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, DIRECTOR, TREASURER MICHAEL D. REGO 10019 HAYWARD ROAD SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, DIRECTOR KATHERINE E. REGO 10019 HAYWARD ROAD SPRING HILL, FL 34608
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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 *Michael D. Rego* **MICHAEL D. REGO** **4/19/2004** **(352) 597-3903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #