

2000 UNIFORM BUSINESS REPORT (UBR)

1/

DOCUMENT # P98000101239

1. Entity Name

KRDS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

01-28-2000 90149 010 ***150.00

Principal Place of Business
13894 FAIRLANE COURT
WELLINGTON FL 33414

Mailing Address
13894 FAIRLANE COURT
WELLINGTON FL 33414-6824

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

PORRO, HILDA M ESQUIRE
12713 W. FOREST HILL BOULEVARD, SUITE E
WELLINGTON FL 33414

Name PORRO, HILDA M., Esq
Street Address (P.O. Box Number is Not Acceptable)
12713 W. FOREST HILL BLVD.
SUITE 1201
City WELLINGTON FL Zip Code 33414

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
NAME REDFERN, WM B
STREET ADDRESS 13894 FAIRLANE CT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VT ☐ Delete
NAME SYMMONS, P V
STREET ADDRESS 13894 FAIRLANE CT
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

WM B REDFERN, PC
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00 5617911573
Date Daytime Phone #

1980001C1239

200738

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) Xrds, inc.		3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1)		
4a Mailing address (street address) (room, apt., or suite no.) 13894 FAIRLANE CT.	5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code WELLINGTON, FL 33414	5b City, state, and ZIP code	
6 County and state where principal business is located PALM BEACH COUNTY, FL		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 016386660 WILLIAM B. REDFERN		

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input type="checkbox"/> Other corporation (specify) ▶ <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ REAL ESTATE HOLDINGS		<input type="checkbox"/> Personal service corp. <input type="checkbox"/> Limited liability co. <input type="checkbox"/> National Guard <input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State FLORIDA, USA	Foreign country
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶	
<input checked="" type="checkbox"/> Started new business (specify) ▶ REAL ESTATE HOLDING CO. <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶			

10 Date business started or acquired (Mo., day, year) (See instructions.) NOV. 30, 1998	11 Closing month of accounting year (See instructions.) DECEMBER
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	N/A
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.) ▶ REAL ESTATE HOLDING COMPANY	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) 561-791-1573
Fax telephone number (include area code) 561-792-6028

Name and title (Please type or print clearly.) ▶ **Wm. B. REDFERN, PRESIDENT**

Date ▶ **3-10-2000**

Signature ▶ *[Signature]*

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.

Cat. No. 15055N

Form **SS-4** (Rev. 12-95)

