2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000101239 May 02, 2000 8:00 am Secretary of State 1. Entity Name XRDS, INC. 01-28-2000 90149 010 ***150.00 Principal Place of Business Mailing Address 13894 FAIRLANE COURT 13894 FAIRLANE COURT WELLINGTON FL 33414-6824 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILDA PORRO, HILDA M ESQUIRE ._12769-W-FOREST HILL BOLLLEVARD; SUITEYE-WELLINGTON FL 33414 -City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** мау Ве Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ___ Addition ☐ Change TITLE Delete TITLE REDFERN, WM B NAME NAME 13894 FAIRLANE CT STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP CITY-ST-78 ☐ Change Addition Delete TITLE TITLE SYMMONS, P V NAME NAME STREET ADDRESS 13894 FAIRLANE CT STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-782 CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

S. REDFERW PC 1-21-00 SIGNATURE

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Form	SS-4

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches,

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