2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091797

1. Entity Name

SERDISLIA, INC.

Principal Place of Business	Mailing Address
670 TUSCORA DRIVE WINTER SPRINGS FL 32708	670 TUSCORA DRIVE WINTER SPRINGS FL 32708

FILED
Feb 12, 2001 8:00 A.M.
Secretary of State

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE
Not Received Yet!

4. FEI Number APPLIED FOR ☐ Applied For / Not Applicable

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
HERNDON, LEE G 670 TUSCORA DRIVE WINTER SPRINGS FL 32708	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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, 2001 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   **12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D						
NAME	HERNDON, LEE G	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS	670 TUSCORA DRIVE		NAME				
CITY-ST-ZIP	WINTER SPRINGS FL 32708		STREET ADDRESS / CITY-ST-ZIP				

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

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

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

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

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____ *Lee G. Herndon* 1/8/2001 407 971-9716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/00)

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.)
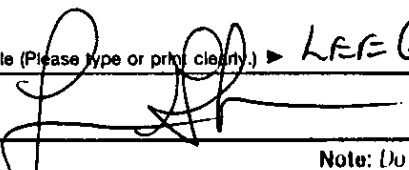
▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)

SERDISHA, INC.

2 Trade name of business (if different from name on line 1)

—

3 Executor, trustee, "care of" name

—

4a Mailing address (street address) (room, apt., or suite no.)

P.O. BOX 195141

5a Business address (if different from address on lines 4a and 4b)

—

4b City, state, and ZIP code

WINTER SPRINGS, FL 32719

5b City, state, and ZIP code

6 County and state where principal business is located

SEMINOLE, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 545-72-2921

LEE G. HERNDON

8a Type of entity (Check only one box.) (See instructions.)

- [ ] Sole proprietor (SSN) _____
- [ ] Partnership
- [ ] REMIC
- [ ] State/local government
- [ ] Other nonprofit organization (specify) ▶ _____
- [X] Other (specify) ▶ CORPORATION
- [ ] Personal service corp.
- [ ] Limited liability co.
- [ ] National Guard
- [ ] Estate (SSN of decedent) _____
- [ ] Plan administrator-SSN _____
- [ ] Other corporation (specify) ▶ _____
- [ ] Trust
- [ ] Federal Government/military
- [ ] Farmers' cooperative
- [ ] Church or church-controlled organization

_____ (enter GEN if applicable) _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: FLORIDA

Foreign country: —

9 Reason for applying (Check only one box.)

- [X] Started new business (specify) ▶ NEW CORPORATION BEING FORMED
- [ ] Hired employees
- [ ] Created a pension plan (specify type) ▶
- [ ] Banking purpose (specify) ▶ _____
- [ ] Changed type of organization (specify) ▶ _____
- [ ] Purchased going business
- [ ] Created a trust (specify) ▶ _____
- [ ] Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.)

SEPT. 1, 1999

11 Closing month of accounting year (See instructions.)

DEC. 31, 1999

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) . . . . ▶ NONE

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	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ INTERNET

15 Is the principal business activity manufacturing? . . . . [ ] Yes [X] No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. [ ] Business (wholesale)
[X] Public (retail)   [ ] Other (specify) ▶   [ ] N/A

17a Has the applicant ever applied for an identification number for this or any other business? . . . . [X] Yes [ ] No
Note: If "Yes," please complete lines 17b and 17c.

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 ▶

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
		59 3489977

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.

Name and title (Please type or print clearly.) ▶ LEE G. HERNDON, PRESIDENT

Signature ▶

Business telephone number (include area code)
407 971-9716

Fax telephone number (include area code)
407 365-0889

Date ▶ 9/7/99

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

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