

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90158 043 \*\*\*150.00

**DOCUMENT # J74854**

1. Entity Name  
**MDSB, INC.**

Principal Place of Business

~~2400 E LAS OLAS BLVD~~  
**SUITE E**  
**FT LAUDERDALE FL 33301**  
**US**

Mailing Address

~~2400 E LAS OLAS BLVD~~  
**SUITE E**  
**FT LAUDERDALE FL 33301**  
**US**

2. Principal Place of Business

**1400 SE 17th Street**  
 Suite, Apt. #, etc.

3. Mailing Address

**1400 SE 17th St**  
 Suite, Apt. #, etc.

City & State

**Fort Lauderdale, FL 33316**  
 Zip Country  
**33316 USA**

City & State

**Fort Lauderdale, FL 33316**  
 Zip Country  
**33316 USA**

4. FEI Number

**65-0002284**

Applied, For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ERDMAN, VIRGINIA**  
~~2400 E LAS OLAS BLVD~~  
~~STE E~~  
**FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1400 S.E. 17th Street**  
 City  
**Fort Lauderdale FL** Zip Code  
**33316**

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.

**VIRGINIA ERDMAN**  
 SIGNATURE *Virginia Erdman President*  
 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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ERDMAN, VIRGINIA</b>	
STREET ADDRESS	<b>2523 BARBARA DRIVE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOLC, LYNNETTE</b>	
STREET ADDRESS	<b>4827 MANGET CT</b>	
CITY-ST-ZIP	<b>DUNWOODY GA 30338</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ERDMAN, CARRIE</b>	
STREET ADDRESS	<b>510 SW 8TH STREET</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33315</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WOLC, JESSE</b>	
STREET ADDRESS	<b>4827 MANGET CT.</b>	
CITY-ST-ZIP	<b>DUNWOODY GA 30338</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ERDMAN, JAMES</b>	
STREET ADDRESS	<b>2523 BARBARA DR.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** *Virginia Erdman* **Virginia Erdman Jan 31, 2002 (954) 522 8420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)