

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053921

1. Entity Name
MDS ENTERPRISE, INC.



FILED

04 JAN -5 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
13529 LUNKER COURT
ODESSA FL 33556

Mailing Address
13529 LUNKER COURT
ODESSA FL 33556



2. Principal Place of Business

3. Mailing Address

PO Box 943

Suite, Apt. #, etc.

Suite, Apt. #, etc.

REINSTATEMENT CHECK HERE IF MAKING CHANGES 03

City & State

City & State

Odessa, FL

4. FEI Number

90-0040877

Applied For
Not Applicable

Zip

Country

Zip

33556

Country

USA

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

JEFFRIES, DAVID M
101 E KENNEDY BLVD STE 1030
TAMPA FL 33602

Name Yvonne D. Lamoureux

Street Address (P.O. Box Number is Not Acceptable)
13529 Lunker Ct

City Odessa

FL

Zip Code 33556

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

Yvonne D. Lamoureux

12-4-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEO
NAME Yvonne Lamoureux
STREET ADDRESS Odessa, FL 33556
CITY-ST-ZIP

TITLE Vice President
NAME Mohammed Shafiq
STREET ADDRESS 16006 Ridley Place
CITY-ST-ZIP Tampa, FL 33647

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

SIGNATURE:

Yvonne D. Lamoureux

Yvonne D. Lamoureux 12-4-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)