

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90130 008 ***150.00

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DOCUMENT # F39584

1. Entity Name

MTLC OF TALLAHASSEE, INC.



Principal Place of Business

**1425 PIEDMONT DR. E.
101
TALLAHASSEE FL 32308
US**

Mailing Address

**P.O. BOX 13058
TALLAHASSEE FL 32317
US**

2. Principal Place of Business

3. Mailing Address

PO Box 15949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

Zip

Country

Zip

Country

32317 LEON

4. FEI Number

59-2113388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DAVID M. MOORE SR
1425 PIEDMONT DR. E.
#301
TALLAHASSEE FL 32308**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

After May 1, 2003 Fee will be \$550.00

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

TITLE **VD** ☐ Delete
NAME **COLLINS, LUNDA M.**
STREET ADDRESS **1425 PIEDMONT DR E. #101**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

TITLE **D** ☐ Delete
NAME **COLLINS, JOHN T**
STREET ADDRESS **1425 PIEDMONT DR STE 101**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

TITLE **VD** ☐ Delete
NAME **LAUDER, DALE**
STREET ADDRESS **1425 PIEDMONT DR E #301**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

TITLE **TD** ☐ Delete
NAME **TATE, DALTON A, JR**
STREET ADDRESS **1425 PIEDMONT DR E. #301**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

TITLE **S** ☐ Delete
NAME **WILLIAMS, DANA M.**
STREET ADDRESS **6672 CROOKED CREEK RD.**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

TITLE **PD** ☐ Delete
NAME **MOORE, DAVID M, SR**
STREET ADDRESS **1425 PIEDMONT DR E. #301**
CITY-ST-ZIP **TALLAHASSEE, FL 0**

11. 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

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

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:

Signature of David M. Moore, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

850-386-3100

Daytime Phone #

CR2E034 (10/02)