

# 2000 UNIFORM BUSINESS REPORT (UBR)

006418

DOCUMENT # P99000020986

1. Entity Name

MEDICAL LICENSING CONSULTANTS, INC.

FILED

00 MAR 16 AM 9:54

Principal Place of Business

1712-A MARY'S CT.  
TALLAHASSEE FL 32308

Mailing Address

1712-A MARY'S CT.  
TALLAHASSEE FL 32308-5283

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1701 Atkamire Drive

Suite, Apt. #, etc.

3. Mailing Address

1701 Atkamire Dr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tallahassee, FL

Zip  
32304

Country

City & State  
Tallahassee, FL

Zip  
32304

Country

4. FEI Number  
59 3586850 (EIN)

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

BUTLER, KELLIE  
1712-A MARY'S CT.  
TALLAHASSEE FL 32308

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1701 Atkamire Drive

City  
Tallahassee, FL & FL Zip Code  
32304

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 Kellie J. Butler Kellie J. Butler

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Founder/President  
Kellie Butler  
1701 Atkamire Dr.  
Tallahassee, FL 32304

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
300003204763--8  
-04/11/00--01139--002  
\*\*\*158.75 \*\*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Kellie Butler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00 859/402-0786  
Date Daytime Phone #

CR2E034 (9/99)