2000 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2000 8:00 am Secretary of State **DOCUMENT # 616418** 1. Entity Name EDWARD E. LINSKEY, JR., INCORPORATED 04-03-2000 90145 040 ***150.00 Principal Place of Business Mailing Address 2919 E. COMMERCIAL BLVD 3030 NW 23 AVE FT LAUDERDALE FL 33311 STE A FT. LAUDERDALE FL 33308-4207 2. Principal Place of Business Mercial Blun DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-1898555 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Name LINSKEY, EDWARD E JR 3313 NE 40TH ST FT LAUDERDALE FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITI F ☐ Delete TITLE LINSKEY, EDWARD E JR NAME 3030 N.W. D3 ave fe Et. Audordale, Fe 3313 NE 40TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Addition ☐ Delete TITLE TITLE LINSKEY, EDWARD E. JR. NAME NAME STREET ADDRESS STREET ADDRESS 3031 N.E. 51 ST., APT. 306 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change

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 of 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

NAME STREET ADDRESS