

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90084 013 ***150.00

DOCUMENT # **616418**

1. Entity Name

EDWARD E. LINSKEY, JR. INC.



DO NOT WRITE IN THIS SPACE

90138059

2. Principal Place of Business

3030 NW 23 Ave

Suite, Apt. #, etc.

3. Mailing Address

3030 NW 23 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Lauderdale Fl.

City & State

Ft Lauderdale Fl.

4. FEI Number

Applied For

Not Applicable

Zip

33311

Country

Broward

Zip

33311

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Edward E Linskey Jr Inc**

Street Address (R.O. Box Number is Not Acceptable)
3030 NW 23 Ave

City **Ft Lauderdale**

FL

Zip Code **33311**

**DO NOT WRITE
IN THIS SPACE**

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

Edward E Linskey Jr

May 19, 2003

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

NOTE: Registered Agent signature required when reinstating.

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	Edward E Linskey Jr 3031 NE 51st Ft Lauderdale 33308
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward E Linskey Jr

Pres

May 19, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90138059

616418

>

Edward E. Linskey Jr
General Contractor.

3030 N.W. 23 Ave. Ft. Lauderdale Fl.
735-1555

May 19,2003

Florida Dept. of State
Division of Corporations

I am a one man Corporation and sick and had to go to the hospital and have my pined. After that I had to have prostate job in the hospital so I was in the hospital most May and get to the office . I hope you will let me pay only the \$150.00. Thank you for help.

Edward E Linskey Jr

Edward E Linskey Jr.