

**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**

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

**Fort Lauderdale FL**

City & State

**Fort 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.**

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

**3030 NW 23 Ave**

City

**Fort Lauderdale**

FL

Zip Code

**33311**

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

**Edward E. Linskey Jr.**

STREET ADDRESS

**3031 NE 51st Ft Lauderdale**

CITY - ST - ZIP

**33308**

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

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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.