

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

APPROVED
AND
FILED

03 OCT 13 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000034444**

1. Entity Name

Linda Keating Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4866 Rothschild Dr

Suite, Apt. #, etc.

3. Mailing Address

4866 Rothschild Dr

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33067

Country

USA

Zip

33067

Country

USA

4. FEI Number

65-1091601

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Linda Keating**

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

4866 Rothschild Dr

City **Coral Springs**

FL

Zip Code **33067**

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

9/21/03

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
**President.
Linda Keating
4866 Rothschild Dr
Coral Springs FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**000023720010
10/10/03 01000-004 **150.00**

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/03

Date

954-344 8780

Daytime Phone #

CR2E034B (12/02)

LINDA KEATING, INC.

4866 Rothschild Drive, Coral Springs, Florida 33067
e-mail: LKinc2@myacc.net

tel: 954.344.8780 / fax: 954.344.8782

2282

September 3, 2003

To whom it may concern;

Pol 000034444

As per my conversation with one of your agents, I did not receive my Uniform Business Report.

Please find enclosed a check for \$150.00, along with my thanks in advance for taking care of this matter.

Sincerely,



Linda Keating
Linda Keating Inc.
FEI Number: 65-1091601

Please accept this form and payment sent
prior - and waive reinstatement fee. Thank You

