

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

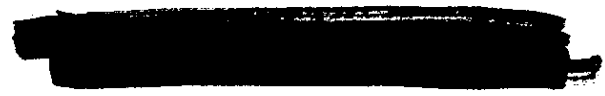
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**DOCUMENT #** P01000103347 *NIC (K) 100*  
 1. Entity Name  
**GRAND SLAM MORTGAGE, INC.**  
*CHANGED TO - LINDA RICKLES INC.*

Principal Place of Business Mailing Address  
 16779 KEYLINE BLVD. 16779 KEYLINE BLVD.  
 LOXAHATCHEE FL 33470 LOXAHATCHEE FL 33470

2. Principal Place of Business *BLVD.* 3. Mailing Address  
*15621 CITRUS GROVE* *15621 CITRUS GROVE BLVD.*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State *Loxahatchee FL.* City & State *Loxahatchee FL* 4. FEI Number *65-1158324* Applied For  
 Not Applicable  
 Zip *33470* Country *Palm BCH* Zip *33470* Country *Palm BCH* 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RICKLES, LINDA**  
 16779 KEYLINE BLVD.  
 LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent  
 Name *RICKLES, LINDA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*15621 Citrus Grove Blvd*  
 City *Loxahatchee* FL Zip Code *33470*

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 *Linda Rickles* *LINDA Rickles* DATE *4-22-02*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>LINDA Rickles</i> <i>15621 Citrus Grove Blvd.</i> <i>LOXAHATCHEE, FL. 33470</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda Rickles* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *LINDA Rickles* DATE *4-22-02* DAYTIME PHONE # *561-357-4770*

CR2E034 (9/01)