

2002 UNIFORM BUSINESS REPORT (UBR)

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

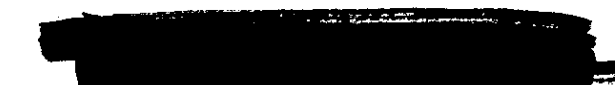
05-09-2002 90092 002 ***150.00

DOCUMENT # P01000103347 *N/C*
1. Entity Name
GRAND SLAM MORTGAGE, INC.
CHANGED TO - LINDA RICKLES, INC.

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

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

City & State Loxahatchee FL.
Zip 33470 **Country** PALM BCH
City & State Loxahatchee FL
Zip 33470 **Country** PALM BCH



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-1158324
Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00**
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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* *LINDA Rickles* *4-22-02* *561-357-4770*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)