

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

015782 AT

08-29-2001 90006 031 ***550.00

DOCUMENT # P00000061725

1. Entity Name
RICK'S CUSTOM CARE, INC.

Principal Place of Business
6010 N OLD DIXIE HWY. STE D
VERO BEACH FL 32967

Mailing Address
6010 N OLD DIXIE HWY. STE D
VERO BEACH FL 32967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5695 US Hwy 1, Unit C
 Suite, Apt. # etc.
Unit C
 City & State
VERO BEACH, FL

3. Mailing Address
5695 US Hwy 1, Unit C
 Suite, Apt. # etc.
Unit C
 City & State
VERO BEACH, FL

4. FEI Number
59-3654090

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELL, RICHARD F
6010 N OLD DIXIE HWY, STE D
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Richard F. Gell DATE 8-23-01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard F. Gell DATE 8-23-01 DAYTIME PHONE # 561-710-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)