

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90259 009 \*\*\*150.00

**DOCUMENT # P00000061725**

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

**Principal Place of Business**                      **Mailing Address**  
**5695 US HIGHWAY 1, UNIT #C**                      **5695 US HIGHWAY 1, UNIT #C**  
**VERO BEACH FL 32967**                              **VERO BEACH FL 32967**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**                      **3. Mailing Address**

Suite, Apt. #, etc.                                      Suite, Apt. #, etc.

City & State    City & State

Zip                      Country                      Zip                      Country

**4. FEI Number**                      **59-3654090**                      **Applied For**  
 **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

**Name**  
*Bell, Richard F.*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*5695 US Hwy 1 Unit C*  
**City** *Vero Beach*                      **FL**                      **Zip Code** *32967*

**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** *4/12/02*  
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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete
NAME	<b>P</b>
STREET ADDRESS	<b>GELL, RICHARD F</b>
CITY-ST-ZIP	<b>5695 NORTH US HIGHWAY 1, #C</b> <b>VERO BEACH FL 32967</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** *Richard F. Gell*                      **DATE** *4.12.02*                      **Daytime Phone #** *561-770-9901*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/01)