

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061725

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



FILED

03 AUG 27 AM 11:15

SECRETARY OF STATE  
AMENDED  
TALLAHASSEE, FLORIDA

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

Mailing Address  
5695 US HIGHWAY 1, UNIT #C  
VERO BEACH FL 32967



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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELL, RICHARD F  
5695 US HWY 1 UNIT C  
VERO BEACH FL 32967

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GELL, RICHARD F  
5695 NORTH US HIGHWAY 1, #C  
VERO BEACH FL 32967 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
HARDESTY, GEORGETTE S.  
5695 No. US HIGHWAY 1, #C  
VERO BEACH, FL 32967 ☐ Change ☒ Addition

TITLE  
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08/28/03--01032--010 \*\*\*65.00 ☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with which I am empowered.

SIGNATURE: *Richard F. Gell* RICHARD F. GELL 8-19-03 1/6/05 772-770-9901