

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90218 004 \*\*\*150.00

**DOCUMENT #** *PO1000002419*

**1. Entity Name**

**R & D'S FEELIN LUCKY TATTOO, INC**



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

**425 PLAZA DR**

Suite, Apt. #, etc.

**3. Mailing Address**

**425 PLAZA DR**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**EUSTIS FL**

**City & State**  
**EUSTIS FL**

**Zip**  
**32726-6523**

**Country**  
**USA**

**Zip**  
**32726-6523**

**Country**  
**USA**

**4. FEI Number** **59-3690297**

**Applied For**  
**Not Applicable**

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

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

**Name** **LEIGHTON, RUSSELL W**

**Street Address (P.O. Box Number is Not Acceptable)**

**848 NAVAL ORANGE DR**

**City** **ORANGE CITY**

**FL**

**Zip Code**  
**32763**

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IN THIS SPACE**

**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]*  
Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*1-11-03*

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**PD**  
**BRAYTON, RICHARD**  
**425 PLAZA DR**  
**EUSTIS FL 32726**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**STD**  
**BRAYTON, D DARLENE**  
**425 PLAZA DR**  
**EUSTIS FL 32726**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE**

*[Signature]*

*1-13-03*

CR2ED34B (12/02)