

# FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 14 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014421**

1. Entity Name

**ENGRAVING CONCEPTS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**9469 W. ATLANTIC BOULEVARD**  
Suite, Apt. #, etc.

3. Mailing Address

**9469 W. ATLANTIC BOULEVARD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CORAL SPRINGS, FL**

City & State

**CORAL SPRINGS, FL**

4. FEI Number

**65-0559868**

Applied For

Not Applicable

Zip

**33071**

Country

**USA**

Zip

**33071**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CARL J. GAROFALO**

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

**9469 W. ATLANTIC BOULEVARD**

City

**CORAL SPRINGS**

**FL**

Zip Code

**33071**

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

Signature: typewritten 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.  
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**P  
CARL J. GAROFALO  
9469 W. ATLANTIC BOULEVARD  
CORAL SPRINGS, FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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**400010081644**  
**01/14/03--01056--016 \*\*300.00**

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARL J. GAROFALO 954-341-0821**

Date

Daytime Phone #

CR2E034B (12/01)

75 1115

January 3, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314



3300 UNIVERSITY DRIVE  
SUITE 504  
CORAL SPRINGS, FL 33065-4131  
PHONE: 954-346-3200  
FAX: 954-755-8672  
EMAIL: JOELTAXPRO@AOL.COM  
WWW.CREATIVE-ACCOUNTING.COM

re: Uniform Business Report - Engraving Concepts, Inc. P95000014421

To Whom It May Concern:


With regards to my above captioned client, enclosed is a Uniform Business Report and a check in the amount of \$300.00 to cover the fee for 2002 and 2003 as directed by your office in a telephone call last week.

The reason they did not file timely was because their mailing address changed and they never received the necessary forms.

Therefore, we respectfully request that the corporation be reinstated.

If you have any questions, please call me.

Sincerely,

  
Joel E. Jacobson

P.S. Please note that my address has changed slightly. I am now in Suite 904 and the zip + four code is now 33065-6312.