

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

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93595 016 \*\*\*150.00

**DOCUMENT # V14729**

1. Entity Name  
Engravables Unlimited, Inc.  
d/b/a Classy Custom Engraving

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
233 N. N. Federal Hwy.

Suite, Apt. #, etc.  
Suite #35

3. Mailing Address  
P.O. Box 350505

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Dania Beach, FL

City & State  
Ft. Lauderdale, FL

4. FEI Number  
65-0311732

Applied For  
Not Applicable

Zip  
33004

Country  
USA

Zip  
33335

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Roderick D. Eason, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
233 N. Federal Hwy., Suite 35

City  
Dania Beach FL Zip Code  
33004

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, typed 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 \$160.00**  
**After May 1, Fee is \$660.00**  
**Amended UBR is \$61.26**  
**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  
President  
Roderick D. Eason, Jr.  
233 N. Federal Hwy., Suite 35  
Dania Beach, FL 33004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Judith M. Eason  
233 N. Federal Hwy., Suite 35  
Dania Beach, FL 33004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**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)(f), 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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-02

Date

954-921-6632

Daytime Phone #