

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
TATTOOING ESTABLISHMENT
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 16-44-2564723
Name of Facility: East Coast Worldwide Studios, Inc.
Address: 8833 Perimeter Park Boulevard, Suite 501
City, Zip: Jacksonville 32216

Correct By: None
Re-Inspection Date: None

Type: Fixed Location
Owner: Byrd, Bradley - East Coast Worldwide Studios, Inc.
Person In Charge: Brad Bryd Phone: 904-685-6516
PIC Email: [REDACTED]

Inspection Information

Purpose: Routine
Inspection Date: 7/8/2026

Begin Time: 01:30 PM
End Time: 02:15 PM

Additional Information

Kelley, Julian - 55-44-1485087

Gamit, Eugene - 55-44-2528733

Items marked below are not in compliance with the requirements of Chapter 64E-28 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-28, Florida Administrative Code, and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

PREMISES	12. No Direct Opening	22. Skin Prep
1. Local Codes	13. Animals	23. Gloving
2. Walls	14. Water Supply	24. Tattoo Procedure
3. Floors	15. Sewage Disposal	25. Aftercare
4. Ceilings	SANITIZATION/STERILIZATION	LICENSE/RECORDS
5. Work Surfaces	16. Surface Disinfection	26. Establishment License
6. Labels	17. Autoclave	27. Employee Records
7. No Eating/Drinking/Smoking	18. Packages	28. Customer Records
8. Lighting	19. Instrument Storage	29. Sterilization /Autoclave Records
9. Handsinks	20. Instrument Cleaning	30. Parental Consent
10. Restrooms	TATTOOING	31. Artist License/Registration
11. Vermin Control	21. Handwashing	32. Other

General Comments

Overall conditions are Satisfactory at this time.

Email Address(es): [REDACTED]

Violations Comments

No Violation Comments Available

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
TATTOOING ESTABLISHMENT
INSPECTION REPORT



2 of 2

Inspection Conducted By: [REDACTED]
Inspector Contact Number: [REDACTED]
Print Client Name:
Date: 7/8/2026