

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90012 011 ***150.00

DOCUMENT # **M74183** 59-2887899

1. Entity Name

Salon Vienna Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1235 G Providence #

Suite, Apt. #, etc.

Plaza

3. Mailing Address

842 Ashbrooke Ct

Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Heathrow FL

4. FEI Number

59-2887899

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32746

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Emma Rauchegger

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

842 Ashbrooke Ct.

City

Heathrow

FL

Zip Code

32746

**DO NOT WRITE
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.

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 \$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	President Emma Rauchegger 842 Ashbrooke Ct. Heathrow FL 32746
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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 empowered. **Emma Rauchegger**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-02 407 804-0364

CR2E034B (12/01)