

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-10-2003 90051 006 \*\*\*550.00  
M74183

DOCUMENT # M74183

1. Entity Name  
SALON VIENNA INC.



FILED  
CLERK OF STATE  
OFFICE OF CORPORATION

DEC -9 PM 12:05

Principal Place of Business  
1235 G PROVIDENCE PLAZA  
DELTONA FL 32725

Mailing Address  
842 ASHBROOKE COURT  
HEATHROW FL 32746

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-0009812

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAUCHEGGER, EMMY  
842 ASHBROOKE COURT  
HEATHROW FL 32746

Name

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

City

FL

Zip Code

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 *Emmy Rauchegger* Emmy Rauchegger

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	RAUCHEGGER, EMMY	
STREET ADDRESS	842 ASHBROOKE COURT	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/03)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emmy Rauchegger* SIGNATURE REQUIRED Emmy Rauchegger 9-6-03 407 804 0364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Salon Vienna, Inc**

**842 Ashbrook Court**

**Heathrow, FL 32746**

**Telephone: 407 804-0364**

Department Of State  
Divisions Of Corporations

Attn: Eula

To: Whom it may concern:

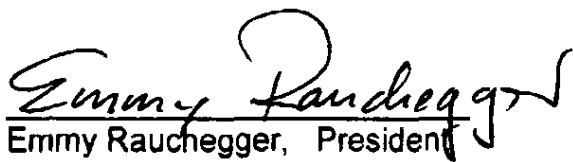
On approximately September 8, 2003 I received correspondence from you concerning an invalid Federal Identification Number (FIN) on my application for reinstatement of my corporation, Salon Vienna, Inc. I returned your correspondence with the corrected FIN the same day I received it from you. I also enclosed my Federal payroll deposit voucher as proof of my FIN.

Attached you will find a IRS letter which assigned the FIN to Salon Vienna, Inc. dated 3/31/03 as proof of my new FIN which Salon Vienna is suppose to use.

Therefore, I am requesting that you reinstate Salon Vienna, Inc. and waive any additional penalties that may have accrued since my September letter.

Your time and consideration is appreciated.

Sincerely,

  
Emmy Rauchegger, President

December 9, 2003