## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

P02000066997

1. Entity Name

SALON 58, INC.

Principal Place of Business 58 W WASHINGTON ST ORLANDO FL 32801

2. Principal Place of Business

Mailing Address

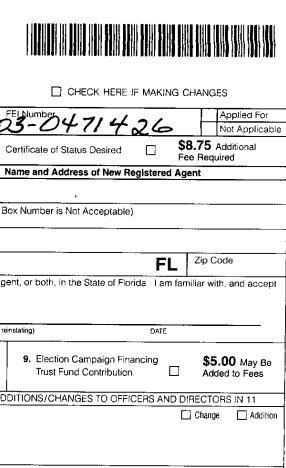
58 W WASHINGTON ST

ORLANDO FL 32801

3. Mailing Address



01-09-2003 90014 017 \*\*\*150.00



Suite, Apt.	#, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Stat	е		City	City & State			4.	3-047142	6		oplied For	
Zip	Zip Country			Zip Coun					\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
BLANKNER, IBOLYA K 58 W WASHINGTON ST ORLANDO FL 32801						Name Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						
ŚIGNATURE	ions or regist	y submits this state ered agent. or printed name of registe				office or regis		ent, or both, in the State of Florida.	I am far	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing     Trust Fund Contribution.	g 		<b>0</b> May Be I to Fees	
10. OFFICERS AND DIRECTORS 11.							ADI	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR:	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		R, IBOLYA K SHINGTON ST FL 32801	·	☐ Delete	TITLE NAME STREET AI CITY-ST-				<u>ר</u>	] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>			☐ Delete	TITLE NAME STREET AE CITY-ST-		****		Ē	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-	į.				] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2	<b>I</b>			Γ.	] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i.			☐ Delete	TITLE NAME STREET AD CITY-ST-2					] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-Z					Change	Addition	

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.