

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90276 019 \*\*\*150.00

**DOCUMENT # P97000043019**

1. Entity Name  
**REFLECTIONS HAIR SALON, INC.**



Principal Place of Business  
**115-A EAST DREW ST  
PERRY FL 32347**

Mailing Address  
**115-A EAST DREW ST  
PERRY FL 32347**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-3447804**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MCGUIRE, LINDA~~ **Holtton, Tonga B.**  
~~RT 1, BOX 1268~~ **115-A E. Drew St**  
~~PERRY FL 32347~~ **Perry, FL 32347**

Name **Holtton, Tonga B**  
Street Address (P.O. Box Number is Not Acceptable)  
**115-A E. Drew St**  
City **Perry** FL Zip Code **32347**

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 **Tonga B. Holtton**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/23/03**

**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 — ☐ **\$5.00 May Be**  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **MCGUIRE-BAILEY, LINDA K**  
STREET ADDRESS **RT 1, BOX 1268**  
CITY-ST-ZIP **PERRY FL 32347**

TITLE **Tonga B. Holtton, President** ☐ Change ☐ Addition  
NAME **115-A E Drew St**  
STREET ADDRESS **Perry, FL 32347** Secretary

TITLE **VSTD** ☒ Delete  
NAME **BAILEY, WILLARD K**  
STREET ADDRESS **RT 1, BOX 1268**  
CITY-ST-ZIP **PERRY FL 32347**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7/23/03** 850 ~~336~~ **223-1821**  
Daytime Phone #

CR2E034 (4/03)

Attachment

90149697  
#D97000043019

8/6/03

To: Division of Corporations

Upon the request of one of your agents I spoke to on the telephone this morning, I am submitting this letter of explanation along with my check for \$150.00. Your agent informed me that any late penalty fee I have incurred will be waived upon receipt of this letter and check.

I purchased this Corporation in June 2002 as a first-time business owner and was unaware of the yearly uniform Business Report. Due to the fact that the notice came in the former business owner's name (whom I now employ) I did not receive it. Now I have been given this 2<sup>nd</sup> notice and do not have the funds available to pay the late fee.

Please except my sincere apology and Thank you for waiving my penalty fee. I will make sure this never happens again.

Sincerely,

Tonya Holton

Tonya Holton