2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047143 1. Entity Name

OUR SALON, INC.

Principal Place of Business

Mailing Address

1716 WOOLCO WAY ORLANDO FL 32822		1716 WOOLCO WAY ORLANDO FL 32822								
2. Principal Place of Rusiness		3. Mailing Address	Way.			8 i 1 i i i i i i i i i i i i i i i i i		1 10001 (1011 1	14006 1444 4064	
Suite, Apt		Suite, Apt. #, etc.	1			DO NOT WRIT	E IN THIS SP	PACE		
OR ON	00, FL.	City & State	-	4. F	El Number 5	9-3446490			oplied For ot Applicable	-
Zip	Country	32828	Country	5 . C	Certificate of Sta	atus Desired		8.75 Add		1
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Add	ress of New R	egistered Ag	jent		1
CASIANO	SIGFREDO A	en e	Name	برشاست در سال				-].
10987 NORCROSS CIRCLE		-	Street Add	Street Address (P.O. Box Number is North-Ceptable)						
UKLANDO	FL 32825	•	City		101			Zip Cod		-
							FL	2.p 000		
8. The above	named entity abmits this statement for the	he purpose of changing its	registered office or re	egistered age	ent, or both, in	the State of Flo	rida.			
		7 > M	aKochi (1	1100	- Aug					
SIGNATURE	Signature, typed or printed name of registered agent and		gistered Agent signature	required when rei	instating)		DATE			
9. This corpo	pration is eligible to satisfy its Intangible	title if applicable. (New)	!! FEE IS \$150.00	0	-	Campaign Fin		¢E O	0	-
9. This corporate filing		title if applicable. (New)	!! FEE IS \$150.00 02 Fee will be \$55	0.00	10. Election	Campaign Finand Contribution	ancing	\$5.0 Added	0 May Be I to Fees	} -
9. This corporate filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW! After May 1, 200 Make Check Payab	!! FEE IS \$150.00 02 Fee will be \$55	0 0.00 of State	10. Election	nd Contribution	ancing	Added	I to Fees	-
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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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.

CITY-ST-ZIP

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #