

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/21/2003-90123-036-\$150.00-\$150.00

CR2E034 (4/03)

DOCUMENT # P98000087145



1. Entity Name  
JOHN ROBERTS HAIR & NAIL SALON, INC.

FILED

03 AUG -8 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1750 W BROADWAY STREET #101  
OVIEDO FL 32765

Mailing Address  
1750 W BROADWAY STREET #101  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3542630

Applied For  
Not Applicable

Zip

Country

Zip

Country

6. 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

LEONE, ROBERT  
1750 W BROADWAY STREET #101  
OVIEDO FL 32765

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEGG, CONCEPCION 580 AUGUSTINE COURT OVIEDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEONE, ROBERT 147 CHERRY CREEK CIRCLE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CRISALLI, JOHN 147 CHERRY CREEK CIRCLE WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

407-366-1302

91 818

*Karen R. Copeland and Associates, P.A.*  
*Certified Public Accountants*

August 5, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: John Roberts Hair & Nail Salon, Inc.

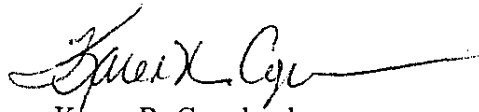
Dear Sir or Madam,

My client John Crisalli of John Roberts Hair & Nail Saloon, Inc., previously Mama's Money, Inc. recently received a letter requesting an additional \$400.00 for the corporations Uniform Business Report to be filed. I am writing to respectfully request abatement of this penalty due to reasonable cause.

The original UBR was received by my clients Ex-partner Concepcion Legg and was never forwarded to him. As controlling officer for the first year he was unaware this report existed and was due to be filed by May. For the above reasons, I respectfully request abatement of the \$400.00 penalty due.

Thank you for your consideration in this matter. Please do not hesitate to contact me for any additional information at (407) 365-2909.

Very Truly Yours,



Karen R. Copeland  
Certified Public Accountant