

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0061895 AV

02-05-2002 90014 006 ***150.00

DOCUMENT # P98000068697

1. Entity Name

BUY RITE BEAUTY SUPPLY, INC.

Principal Place of Business

Mailing Address

**1479 S. BELCHER RD., SUITE AA
 LARGO FL 33771**

**1479 S. BELCHER RD., SUITE AA
 LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

**7173 30TH AVE. N.
 Suite, Apt. #, etc.**

**7173 30TH AVE. N.
 Suite, Apt. #, etc.**

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33710

Country

FLORIDA

Zip

33710

Country

FLORIDA

4. FEI Number

59-3527839

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINN, MICHAEL D

12274 1ST ST. W., #3A

TREASURE ISLAND FL 33706

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.

SIGNATURE

Michael D Finn

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINN, MICHAEL D 12274 1ST W #3A TREASURE ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILETO-FINN, MARY 122714 1ST ST W 3A TREASURE ISLAND FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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 another like empowered.

SIGNATURE:

Michael D Finn
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/02 727 341-2678

CR25034 (9/01)