

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000068697**

1. Entity Name
BUY RITE BEAUTY SUPPLY, INC.



Principal Place of Business
7173 30TH AVE N
SAINT PETERSBURG FL 33710

Mailing Address
7173 30TH AVE N
SAINT PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

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

**FINN, MICHAEL D
12274 1ST ST. W., #3A
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

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

11/10/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINN, MICHAEL D | | NAME | |
| STREET ADDRESS | 12274 1ST W #3A | | STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | | CITY-ST-ZIP | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MLETO-FINN, MARY | | NAME | |
| STREET ADDRESS | 122714 1ST ST W 3A | | STREET ADDRESS | |
| CITY-ST-ZIP | TREASURE ISLAND FL | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | 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 changed, or on an attachment with an address) with all other like empowered.

SIGNATURE: *Michael D. Finn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-10/02