

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 809310

1. Entity Name

ANDERSON AUTO PARTS COMPANY INC

Principal Place of Business

% FRANK HILES  
2347 17TH STREET  
SARASOTA FL 34234-1902

Mailing Address

% FRANK HILES  
2347 17TH STREET  
SARASOTA FL 34234-1922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HILES, FRANK L  
2347 17TH STREET V-3552  
SARASOTA FL 34234

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

TITLE VSD  
NAME ANDERSON, C R  
STREET ADDRESS ROUTE 1  
CITY-ST-ZIP ANDERSON, SC 00000 ☐ Delete

TITLE PD  
NAME ANDERSON, B.A.  
STREET ADDRESS HAMPTON ROAD  
CITY-ST-ZIP ANDERSON SC ☐ Delete

TITLE CTD  
NAME ANDERSON, H.G., III  
STREET ADDRESS 506 TIMBERLAND  
CITY-ST-ZIP ANDERSON SC ☐ Delete

TITLE VP  
NAME HILES, FRANK L.  
STREET ADDRESS 2347 17TH STREET  
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME Anderson, C.R.  
STREET ADDRESS 410 Hampton Road  
CITY-ST-ZIP Williamston, S.C. 29627 ☒ Change ☐ Addition (Address change)

TITLE  
NAME Anderson, B.A.  
STREET ADDRESS 220 S. Academy St.  
CITY-ST-ZIP Greenville, S.C. 29601 ☒ Change ☐ Addition (Address change)

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

864-226-1503

Daytime Phone #

FILED  
Apr 05, 2000 8:00 am  
Secretary of State

04-05-2000 90073 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 57-0115160

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

CR2E034 (9/99)