

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29480

1. Entity Name

HIGHTOWER AUTO PARTS, INCORPORATED

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90101 024 ***550.00

Principal Place of Business

Mailing Address

1910 SOUTH WAUKESHA STREET
 BONIFAY FL 32425

1910 SOUTH WAUKESHA STREET
 BONIFAY FL 32425-3120

2. Principal Place of Business

3. Mailing Address

1910 S. Waukesha St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay FL

4. FEI Number

59-2548149

Applied For

Not Applicable

Zip 32425

Country Holmes

Zip 32425

Country Holmes

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

HIGHTOWER, HAYWARD
 RT. 1, BOX 3, PINEVIEW ESTATES
 BONIFAY FL 32425

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 A.J. Hightower Jr

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

A.J. Hightower Jr

NOTE: Registered Agent signature required when reinstating

5/31/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	POB	<input type="checkbox"/> Delete
NAME	HIGHTOWER, HAYWARD	
STREET ADDRESS	RT. 1, BOX 3, PINEVIEW ESTATES	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE	Pres.	<input type="checkbox"/> Delete
NAME	A.J. Hightower	
STREET ADDRESS	255 Hightower Rd	
CITY-ST-ZIP	BONIFAY	
TITLE	V. Pres	<input type="checkbox"/> Delete
NAME	Howard M. Hig	
STREET ADDRESS	Box 100C Bonifay FL	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Delete
NAME	Hayward L. Hightower	
STREET ADDRESS	2332 Pineview Dr.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: A.J. Hightower Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/00 850-547-2230

Date

Daytime Phone #

CR2E034 (9/99)