

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050106

1. Entity Name

HALE'S AUTO PARTS, INC.

Principal Place of Business
609 NO. HOUSTON AVENUE
LIVE OAK FL 32060

Mailing Address
609 N.W. HOUSTON AVENUE
LIVE OAK FL 32060
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3306398

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

HALE, GERALDINE F
609 NO. HOUSTON AVENUE
LIVE OAK FL 32060

Name HALE, Geraldine F
Street Address (P.O. Box Number is Not Acceptable)

609 NW Houston Ave
City Live Oak FL Zip Code 32060

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	HALE, GERALDINE F	
STREET ADDRESS	609 NW HOUSTON AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALE, WILLIAM D. SR.	
STREET ADDRESS	609 N.W. HOUSTON AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HALE, GERALDINE F.	
STREET ADDRESS	609 N.W. HOUSTON AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HALE, WILLIAM DON SR	
STREET ADDRESS	609 N.W. HOUSTON AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HALE, GERALDINE F.	
STREET ADDRESS	609 N.W. HOUSTON AVE.	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
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: Geraldine F. Hale Geraldine F. Hale 4/19/2001 904-362-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90074 034 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)