

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07654

1. Entity Name

OXFORD AUTO PARTS, INC.

Principal Place of Business

11247 N US 301
OXFORD FL 34484
US

Mailing Address

11247 N US 301
OXFORD FL 34484-3567
US

2. Principal Place of Business

11247 N U.S. 301

Suite, Apt. #, etc.

3. Mailing Address

11247 N. U.S. 301

Suite, Apt. #, etc.

City & State

Oxford, FL

City & State

Oxford FL

4. FEI Number

59-3035441

Applied For

Not Applicable

Zip

34484

Country

U.S.

Zip

34484

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRENSHAW, TERRY
11247 N. US 301
OXFORD FL 34484

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

Terry Crenshaw

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

(NOTE: Registered Agent signature required when reinstating)

3/29/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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 ☐ Delete
NAME PD
STREET ADDRESS CRENSHAW, TERRY
CITY-ST-ZIP 11247 N US 301
OXFORD FL 34484

TITLE ☐ Delete
NAME VS
STREET ADDRESS CRENSHAW, PAULA
CITY-ST-ZIP 11247 N. US 301
OXFORD FL 34484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Terry Crenshaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Crenshaw

Date

3/29/2000

Daytime Phone #

352-748-2020

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE