

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90093 001 ***300.00

10182



DO NOT WRITE IN THIS SPACE

DOCUMENT # 402764

1. Entity Name
DISCOUNT AUTO PARTS, INC.

Principal Place of Business 4900 FRONTAGE RD.S. P.O.BOX 8080 LAKELAND FL 33801	Mailing Address 4900 FRONTAGE RD.S. P.O.BOX 8080 LAKELAND FL 33802-8080
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-1447420	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
FONTAINE, PETER J
4900 FRONTAGE ROAD SOUTH
LAKELAND FL 33801

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 _____ (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 D	NAME SHATZER, WARREN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815	
TITLE DC	NAME FONTAINE, PETER	<input type="checkbox"/> Delete
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815	
TITLE PD	NAME PERKINS, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815	
TITLE D	NAME WARDLOW, E.E.	<input type="checkbox"/> Delete
STREET ADDRESS 3008 CRIB PL DR	CITY-ST-ZIP LAS VEGAS NV 89134	
TITLE D	NAME TUNSTALL, A. G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS TUNSTAL CONSULT, INC. 13153 N. DALE MABRY	CITY-ST-ZIP TAMPA FL 33618	
TITLE CFOV	NAME MOORE, C MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 4900 FRONTAGE RD S	CITY-ST-ZIP LAKELAND FL 33815	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director	NAME Welling, David P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4900 S. Frontage RD.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE Director	NAME Webster, Jr., Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4900 S. Frontage RD.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE Director	NAME Wardlow, E. E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4900 S. Frontage Rd.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ **Date** 2/18/00 **Daytime Phone #** 803-284-2080

CR2E034 (9/99)