2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 03, 2000 8:00 am Secretary of State DOCUMENT # 402764 1. Entity Name DISCOUNT AUTO PARTS, INC. 03-03-2000 90093 001 ***300.00 Mailing Address Principal Place of Business 4900 FRONTAGE RD..S. 4900 FRONTAGE RD..S. P.O.BOX 8080 P.O.BOX 8080 10182 LAKELAND FL 33802-8080 LAKELAND FL 33801 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1447420 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FONTAINE, PETER J Street Address (P.O. Box Number is Not Acceptable) 4900 FRONTAGE ROAD SOUTH LAKELAND FL 33801 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9: This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Director Addition Delete ☐ Change TITLE TITLE walling, David P. SHATZER, WARREN NAME NAME 4900 S. Frontage RD. STREET ADDRESS 4900 FBONTAGE RD SO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 Lakeland, FL, 33815 DC ☐ Delete Change X Addition TITI F TITLE webster, Jr., Charles FONTAINE, PETER NAME NAME 4900 S. Frontage RD. STREET ADDRESS 4900 FRONTAGE RD SO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 Lakeland, FL 33815 ☐ Addition Change TITLE Delete PERKINS, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 4900 FRONTAGE RD SO CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 Director Addition Change TITLE ☐ Delete TITLE ward low, E. E. WARDLOW, E.E. NAME 4900 5 Frontage Rd. STREET ADDRESS STREET ADDRESS 3008 CRIB PL DR CITY-ST-ZIP Lakeland FL- 33815 CITY-ST-ZIP LAS VEGAS NV 89134 ☐ Addition Change TITLE D ■ Delete TITLE TUNSTALL, A. G. NAME NAME TUNSTAL CONSULT,INC. 13153 N. DALE MABRY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33618 **CFOV** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MOORE, C MICHAEL NAME NAME 4900 FRONTAGE RD S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33815 I hereby certify that the information supplied with this filling 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 frustee amovered 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 given like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR