

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-03-2000 90093 001 \*\*\*300.00

**DOCUMENT # 402764**

1. Entity Name  
**DISCOUNT AUTO PARTS, INC.**

Principal Place of Business <b>4900 FRONTAGE RD.S.          P.O.BOX 8080          LAKELAND FL 33801</b>	Mailing Address <b>4900 FRONTAGE RD.S.          P.O.BOX 8080          LAKELAND FL 33802-8080</b>
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**10182**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1447420</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>FONTAINE, PETER J          4900 FRONTAGE ROAD SOUTH          LAKELAND FL 33801</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME <del>SHATZER, WARREN</del>	<input checked="" type="checkbox"/> Delete	TITLE Director	NAME Welling, David P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815		STREET ADDRESS 4900 S. Frontage RD.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE DC	NAME FONTAINE, PETER	<input type="checkbox"/> Delete	TITLE Director	NAME Webster, Jr., Charles	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815		STREET ADDRESS 4900 S. Frontage RD.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE PD	NAME PERKINS, WILLIAM	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4900 FRONTAGE RD SO	CITY-ST-ZIP LAKELAND FL 33815		STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME WARDLOW, E.E.	<input type="checkbox"/> Delete	TITLE Director	NAME Wardlow, E. E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3008 CRIB PL DR	CITY-ST-ZIP LAS VEGAS NV 89134		STREET ADDRESS 4900 S. Frontage Rd.	CITY-ST-ZIP Lakeland, FL 33815	
TITLE D	NAME TUNSTALL, A. G	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS TUNSTAL CONSULT, INC. 13153 N. DALE MABRY	CITY-ST-ZIP TAMPA FL 33618		STREET ADDRESS	CITY-ST-ZIP	
TITLE CFOV	NAME MOORE, C MICHAEL	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4900 FRONTAGE RD S	CITY-ST-ZIP LAKELAND FL 33815		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)