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.

10182

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33801	4900 FRONTAGE RD..S. P.O.BOX 8080 LAKELAND FL 33802-8080

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 59-1447420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHATZER, WARREN 4900 FRONTAGE RD SO LAKELAND FL 33815	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Walling, David P. 4900 S. Frontage RD. Lakeland, FL 33815	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC FONTAINE, PETER 4900 FRONTAGE RD SO LAKELAND FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Webster, Jr., Charles 4900 S. Frontage RD. Lakeland, FL 33815	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERKINS, WILLIAM 4900 FRONTAGE RD SO LAKELAND FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARDLOW, E.E. 3008 CRIB PL DR LAS VEGAS NV 89134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Wardlow, E. E. 4900 S. Frontage Rd. Lakeland, FL 33815	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUNSTALL, A. G TUNSTAL CONSULT,INC. 13153 N. DALE MABRY TAMPA FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV MOORE, C MICHAEL 4900 FRONTAGE RD S LAKELAND FL 33815	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ 2/18/00 863-284-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #