## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Mar 25, 2004 8:00 am Secretary of State 03-25-2004 90040 004 \*\*\*150.00

DOCUMENT # 402764					03-25-2004 90040 004 ***150.00				
1. Entity Name DISCOUNT #	AUTO PARTS, INC	2.							
DO NOT WRITE IN THIS SPACE						94036712			
2. Principal Place	of Business	3. Mailing Address			-				
5673 AIRPORT ROAD		PO BOX 2710							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State			4. FEI Number Applied For			
ROANOKE, VA		ROANOKE, VA	ROANOKE, VA		59-1447420			Not Applicable	
Zip	Country Zip		Country		I E Certificate of Status Desired			Additional	
4012	USA	24001-2710	USA			F8	Req		
				Name		and Address of Current Registere	a Ay	ent	
DO NOT WRITE IN THIS SPACE									
			C/O C		s (P.O. Box Number is Not Acceptable) CORPORATION SYSTEM				
				1200 SOU	1200 SOUTH PINE ISLAND ROAD				
			PLANTA!						
8. The above na	med entity submits this star	tement for the purpose of change	ing its reg			agent, or both, in the State of Florida. I am			
accept the obl	ligations of registered agent.			•					
	gnature, typed or printed of regi	stered agent and title if applicable. (	NOTE: Re	gistered Agent signat	ure requi	red when reinstating)	DATE	<del></del>	
January 1 - May 1 Fee is \$150.00				9. Election Campaign Financing \$5.00 May			.00 May Be		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Trust Fund Contribution. Added to Fees				
IO.	OFFICERS AND D						_		
TITLE CHAIRMAN/CEO				rle					
NAME LAWRENCE P. CASTELLANI			N/	NAME					
STREET ADDRESS 5673 AIRPORT ROAD				STREET ADDRESS					
	OANOKE, VA 240		CI	TY - ST - ZIP					
TITLE PRESIDENT/DIRECTOR NAME JIMMIE L. WADE				TLE					
STREET ADDRESS 5673 AIRPORT ROAD				AME REET ADDRESS					
CITY-ST-ZIP ROANOKE, VA 24012				CITY-ST-ZIP					
TITLE VICE PRESIDENT/SECRETARY/DIRECTOR			П	m.e					
NAME ERIC M. MARGOLIN			- 1	NAME					
STREET ADDRESS 5673 AIRPORT ROAD CITY-ST-ZIP ROANOKE, VA 24012				REET ADDRESS	DO NOT WRITE				
TILE VICE PRESIDENT/TREASURER/DIRECTOR				CITY-ST-ZIP					
NAME JEFFREY T. GRAY				NAME		IN THIS SPACE	ı		
STREET ADDRESS 5673 AIRPORT ROAD				REET ADDRESS					
CITY-ST-ZIP R	OANOKE, VA 240	12	Cl	TY - ST - ZIP					
NTLE				TLE					
NAME STREET ADDRESS				AME REET ADDRESS					
CITY - ST - ZIP				TY - ST - ZIP					
TITLE			<u> </u>	n F					
NAME			4	NAME					
STREET ADDRESS			ST	REET ADDRESS					
CITY - ST - ZIP			Cľ	TY-ST-ZIP					
indicated on to of the corpor	this report or supplemental re	port is true and accurate and that se empowered to execute this repo	my signati	ure shall have the s	same leg	19.07(3)(i), Florida Statutes. I further certify all effect as if made under oath; that i am a Statutes; and that my name appears in	an of	ficer or director	
SIGNATU	RE: LKM	/ D DMV	VP A	ND TREASU	RER	3/22/04 (540)	362	-4911.	
		OR PRINTED NAME OF FIGNING OF				Date Dayt	ime Pr		