


04-21-2003 90323 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

4/21/

DOCUMENT # 402764

1. Entity Name
 DISCOUNT AUTO PARTS, INC.



Principal Place of Business
 P.O. BOX 2710
 ROANOKE VA 24001-2710
 US

Mailing Address
 P.O. BOX 2710
 ROANOKE VA 24001-2710
 US

55048421



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-1447420** Applied For
 Not Applicable


5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

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
C T CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
C/O C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 City **PLANTATION** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ANUSHA PUTTY, VP+ASST. SEC.** 6/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$550.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOTTINO, CLEMENT A 5673 AIRPORT RD ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FONTAINE, PETER 5673 AIRPORT RD. ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPIS HARRAH, MICHAEL D 5673 AIRPORT RD. ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, C. ROY 5673 AIRPORT ROAD ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV MOORE, C MICHAEL 5673 AIRPORT RD. ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MERK, THOMAS A 5673 AIRPORT RD. ROANOKE VA 24012	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/CEO: CASTELLANI, LAWRENCE P. 5673 AIRPORT ROAD ROANOKE, VIRGINIA 24012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D WADE, JIMMIE I 5673 AIRPORT ROAD ROANOKE, VIRGINIA 24012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D MARGOLIN, ERIC M. 5673 AIRPORT ROAD ROANOKE, VIRGINIA 24012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D GRAY, JEFFREY T. 5673 AIRPORT ROAD ROANOKE, VIRGINIA 24012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JEFFREY T. GRAY, PRESIDENT & TREASURER** 4/17/03 540-362-4911
Signature, typed or printed name of signing officer or director Date Daytona Phone #

CR2E034 (10/02)