

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90024 014 ***150.00

0578048

DOCUMENT # F00000005730

1. Entity Name

CARQUEST AUTO PARTS OF UNIVERSITY FL, INC.

Principal Place of Business

P.O. BOX 26006
 RALEIGH NC 27611

Mailing Address

P.O. BOX 26006
 RALEIGH NC 27611

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 **APPLIED FOR**

56-2223745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAVRACK, WAYNE D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	V	<input type="checkbox"/> Delete
NAME	KUYKENDALL, WILLIAM D	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOTCHER, FEDERICK S	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARRISON, CHARLES E	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUIRLINGER, RICHARD B	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, J. HINES III	
STREET ADDRESS	2635 MILLBROOK ROAD	
CITY-ST-ZIP	RALEIGH NC 27604	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS Johnson III, J. Hines
STREET ADDRESS	same
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON

4/18/01

Date

919-573-3000

Daytime Phone #

CR2E034 (10/00)