

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90865 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F00000005730**

**1. Entity Name**  
**CARQUEST AUTO PARTS OF UNIVERSITY FL, INC.**

<b>Principal Place of Business</b> P.O. BOX 26006 RALEIGH NC 27611	<b>Mailing Address</b> P.O. BOX 26006 RALEIGH NC 27611
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

<b>4. FEI Number</b> 56-2223745	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 a signature with all other like empowered.**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**APR 16 2002** **919-573-3000**

Date Daytime Phone #

CR2E034 (9/01)