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

**DOCUMENT #** 

F95000003437

CARQUEST AUTO PARTS OF GAINESVILLE FL, INC.



**FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90300 021 \*\*\*150.00

2635 MILLBRO RALEIGH NC	i <del>l Parts: in</del> c ook RD 27604	i.	Mailing Address C/O GENERAL PARTS, INC. 2635 MILLBROOK RD RALEIGH NC 27604						
2. Principal Place of Business 2635 Millbrook Rd			3. Mailing Address 2635 Millbrook Rd			,,, ==,,, <b>==</b> ,,,	11111 0160	1000 1000 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HE	CHECK HERE IF MAKING CHANGES			
	eigh	NC ·	City & State Raleigh	NC	4. FEI Number 59-33218	862	<del></del>	oplied For ot Applicable	
Zip 274	204	Country	27604	Country	5. Certificate of Status Desire		8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
THE DESITION HALL CORPORATION SYSTEM INC					ivanie				
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUITE 105									
: TALLAHASSEE FL 32301							Zip Cod		
š			<del></del>	City		<u> </u>			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing)  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 Trust Fund Contrib	~		<b>0</b> May Be I to Fees	
10.		OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	3 IN 11	
TITLE NAME		ER, RICHARD B	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2635 MILL RALEIGH	BROOK RD NC 27604		STREET ADDRESS CITY-ST-ZIP					
TITLE	PD		☐ Delete	TITLE		<del></del>	☐ Change	☐ Addition	
NAME STREET ADDRESS	LAVRACK,	Wayne Brook RD		NAME STREET ADDRESS			•	·	
CITY-ST-ZIP	RALEIGH			CITY-ST-ZIP					
TITLE	SD		Delete	TITLE	<del></del>	<del></del>	☐ Change	☐ Addition	
NAME	GARRISON	N, CHARLES E		NAME		٠.		1	
STREET ADDRESS CITY-ST-ZIP		BROOK RD		STREET ADDRESS CITY-ST-ZIP					
TITLE	RALEIGH VD	NG 27604	Delete	TITLE	<del></del>		☐ Change	☐ Addition	
NAME	GARDNER	, JOHN	E3 Delete	NAME			ondinge	Accinon	
STREET ADDRESS	2635 MILL	BROOK RD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH	NC 27604	<del></del>	CITY-ST-ZIP			<u>.</u>		
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS		1			
CITY-ST-ZIP				CITY-ST-ZIP				· }	
TITLÉ			☐ Delete	TITLE	· <del></del>	<del></del>	☐ Change	Addition	
NAME	1			NAME OTREET ADDRESS					
STREET ADDRESS				STREET ADDRESS				1	

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 receivery trust of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the recei changed, or on an attachmen

SIGNATURE:

UNE NEWUNCHARLES E. GARRISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

919-573-3006

Daytime Phone #