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

**DOCUMENT #** 

F96000000259

1. Entity Name

CARQUEST AUTO PARTS OF RACE TRACK RD. FL, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90300 001 \*\*\*150.00

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Principal Place of Business  * GENERAL PARTS INC. 2635 MILLBROOK ROAD RALEIGH NC 27604			Mailing Address %_GENERAL_PARTS_INC. 2635 MILLBROOK ROAD RALEIGH NC 27604						
2. Principal P	lace of Busin	rook Rd	3. Mailing Address 2635 Millbrook Rd			1 1001100 1119 1 <b>1110 5</b> 1111 <b>10</b> 111 <b>16</b> 111	80161 DDI() 0011		BINIO IBIN LUUN
Suite, Apt.		10012 100	Suite, Apt. #, etc.			CHECK HERE IF	MAKING C	HANGES	
City & State		NC	City & State Ralligh	NC	4.	FEI Number 59-3345216		_ <del>                                    </del>	oplied For ot Applicable
276	04	Country	27604	Country	5.	Certificate of Status Desired		3.75 Add	
	6, Name	and Address of Current	Registered Agent		7.	Name and Address of New Reg	istered Age	ent	
	CORPORATION SYST		Name Street Addr						
1201 HAYS STREET							<del></del>	<del></del>	
SUITE 105	5 SSEE FL 32	201							
TALLAHAS	DOEE PL 32	301		City			FL	Zip Cod	e
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 it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar     Trust Fund Contribution.	ncing		May Be to Fees
10.		OFFICERS AND		11.	A.	DDITIONS/CHANGES TO OFFIC	ERS AND D	BECTOR	S IN 11
TITLE	T	\$	Delete	TITLE		SETTION OF THE MALES TO STATE		Change	Addition
NAME	GUIRLING	ER, RICHARD B.	יים חפופופ	NAME			ι	_ Onlings	
STREET ADDRESS		Brook Road		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH I	NC 27604		CITY-ST-ZIP					
TITLE	PD		☐ Delete	TITLE				] Change	Addition
NAME	LAVRACK,			NAME					
STREET ADDRESS CITY-ST-ZIP	RALEIGH I	BROOK ROAD		STREET ADDRESS CITY-ST-ZIP					1
TITLE	DS	10 21004	Delete	TITLE				 Change	Addition
NAME		I, CHARLES E.	C Delete	NAME			٠	_ Change	
STREET ADDRESS		BROOK ROAD		STREET ADDRESS					
CITY-ST-ZIP	RALEIGH I	NC 27604		CITY-ST-ZIP		<u> </u>			
TITLE	VD.		☐ Delete	TITLE				] Change	Addition
NAME	GARDNER			NAME					
STREET ADDRESS CITY-ST-ZIP	2635 MILL RALEIGH N	BROOK RD		STREET ADDRESS CITY-ST-ZIP					}
	MALEION I	10 2/004		<del></del>				T Change	Addition
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CITY-ST-ZIP			_	CITY-ST-ZIP				_	

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 report of the corporation or the report is stee 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:

JIGNATURE REQUIRCHARLES E. GARRISON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #