## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **F96000004761**

Principal Place of Business

CARQUEST AUTO PARTS OF DAYTONA BEACH FL, INC.

PARLINITI NC 27604 R		2635 MILLBROOK RD RALEIGH NC 27604-2809  3. Mailing Address  Suite, Apt. #, etc.  City & State							
					DO NOT WRITE IN THIS SPACE				
				4.	4. FEI Number 59-3395892			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (	5. Certificate of Status Desired			.75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
			Name					·	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
IALL	AHASSEE FL 32301								
			City			FL	Zip Code	9	j
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.			0 60.00 of State	10. Election Campaign Finan Trust Fund Contribution.		Added	O May Be to Fees	
11.	OFFICERS AND D	RECTORS	12.	AC	DITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS	3 IN 11	ے ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUIRLINGER, RICHARD B 2635 MILLBROOK RD RALEIGH NC 27604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	20E034 (0/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVRACK, WAYNE 2635 MILLBROOK RD RALEIGH NC 27604	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	PID	k, Wayne	<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARRISON, CHARLES E 2635 MILLBROOK RD RALEIGH NC 27604	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		n, charles E.	<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOTCHER, FREDERIC S 2635 MILLBROOK RD RALEIGH NC 27604	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v1b Kotchei	r, Frederic S.	•	Change	Addition	
TITLE NAME STREET ADDRESS CITY_ST_7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-7IP	**			] Change	Addition	

**FILED** May 03, 2000 8:00 am Secretary of State 05-03-2000 90059 036 \*\*\*150.00

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:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MARLES E. GARRISON

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Change

☐ Addition