

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90059 032 \*\*\*150.00

**DOCUMENT # F97000004368**

1. Entity Name

**CARQUEST AUTO PARTS OF ST. AUGUSTINE FL, INC.**

**839832**



DO NOT WRITE IN THIS SPACE

<b>Principal Place of Business</b>	<b>Mailing Address</b>
% GENERAL PARTS, INC. 2635 MILLBROOK RD. RALEIGH NC 27604	% GENERAL PARTS, INC. 2635 MILLBROOK RD. RALEIGH NC 27604-2809

<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> <b>59-3463915</b>	<input type="checkbox"/> <b>Applied For</b>
	<input type="checkbox"/> <b>Not Applicable</b>

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

**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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>KOTCHER, FREDERIC S</b>	
<b>STREET ADDRESS</b>	<b>2635 MILLBROOK RD.</b>	
<b>CITY - ST - ZIP</b>	<b>RALEIGH NC 27604</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LAVRACK, WAYNE D</b>	
<b>STREET ADDRESS</b>	<b>2635 MILLBROOK RD.</b>	
<b>CITY - ST - ZIP</b>	<b>RALEIGH NC 27604</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GUIRLINGER, RICHARD B</b>	
<b>STREET ADDRESS</b>	<b>2635 MILLBROOK RD.</b>	
<b>CITY - ST - ZIP</b>	<b>RALEIGH NC 27604</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GARRISON, CHARLES E</b>	
<b>STREET ADDRESS</b>	<b>2635 MILLBROOK RD.</b>	
<b>CITY - ST - ZIP</b>	<b>RALEIGH NC 27604</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

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

<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Kotcher, Frederic S</b>	
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Lavrack, Wayne D.</b>	
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Garrison, Charles E.</b>	
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY - ST - ZIP</b>		

**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:** CHARLES E. GARRISON **4/17/00 (919) 513-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #