2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000004368** 1. Entity Name

CARQUEST AUTO PARTS OF ST. AUGUSTINE FL, INC.

Principal Place of Business

Mailing Address

% GENERAL PARTS, INC. 2635 MILLBROOK RD. RALEIGH NC 27604

% GENERAL PARTS, INC. 2635 MILLBROOK RD. RALEIGH NC 27604

FILED May 12, 2001 8:00 am Secretary of State

05-12-2001 90023 015 ***150.00

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Sulfe, Apt. #, etc. City & Sibito City & FL Zip Country 8. The above named entity submits this statement for the purpose of champing its registered office or registered define or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of champing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement of reference agent and reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent and reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent and reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent and reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent and reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent or both, in the State of Florida. 8. The above named entity submits this statement of reference agent or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement of reference agent or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement of reference agent or registered agent, or both, in the State of Florida. 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acceptable) 8. The Address (P.O. Box Number is Not Acce	2. Principal F	Place of Busin	ess	3. Mailing Addre	3. Mailing Address							
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information	L											

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 trustage 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 of the analysis, with all other like empowered.

SIGNATURE:

CHARLES E. GARRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

919-573-3000

Daytime Phone #