

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000004369**

1. Entity Name

CARQUEST AUTO PARTS OF LAKE CITY FL, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kotcher, Frederics	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lavrack, wayned	
STREET ADDRESS	same	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. GARRISON

4/18/01

Date

919-573-3006

Daytime Phone #

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

05-12-2001 90023 014 ***150.00

00004369



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3463916** Applied For ☐ Not Applicable ☐5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)