## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)							Secretary of State				
DOCU  1. Entity Nam  CARQUE			2	04-21-2003 903							
Principal Place of Business **-SENFRAL PARTS, INC. 2635 MILLBROOK RD. RALEIGH NC 27604		Mailing Address  S. GENERAL PARTS INC. 2635 MILLBROOK RD. RALEIGH NC 27604									
2. Principal Place of Business 2635 Mill brook Rd Suite, Apt. #, etc.			3. Mailing Address 2635 Millbrook Rd Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State Ralligh NC			& State Raleigh	NC		4. FEI Number 59-3463916 Applied For Not Applicable					
Zip 27	604 Country	Zip	27604	Country		5. Certificate of	of Status Desired		<b>B.75</b> Add e Required		
	<del>- 7</del>		7. Name and /	Address of New Regi	stered Age	ent					
THE PREI	Name Street Add	Address (P.O. Box Number is Not Acceptable)									
TALLAHASSEE FL 32301				City				F-0 1	Zip Code		
	City			,	FL	Zip Code	,				
	named entity submits this statement for ions of registered agent.	r the purp	oose of changing its r	egistered office or re	egistere	ed agent, or both	, in the State of Florid	a. I am fam	illiar with, a	and accept	
SIGNATURE											
F After Make Check				ction Campaign Financet Fund Contribution.	eing	\$5.0 Added	<b>0</b> May Be to Fees				
10.	OFFICERS AND	DIRECTO	irs	11.		ADDITIONS/C	CHANGES TO OFFICE	RS AND D	RECTORS	S IN 11	
TITLE NAME	VD GARDNER, JOHN		☐ Delete	TITLE NAME					Change.	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	2635 MILLBROOK RD. RALEIGH NC 27604			STREET ADDRESS CITY-ST-ZIP		·		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lavrack, Wayne D 2635 Millbrook RD. Raleigh NC 27604		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					] Change	Addition	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARRISON, CHARLES E 2635 MILLBROOK RD. RALEIGH NC 27604		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					] Change	Addition	
TITLE NAME			☐ Delete	TITLE NAME			· · · · · · · · · · · · · · · · · · ·	Ü	Change	Addition	

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 receiver of trustee 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 attaining in two him address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

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